S. No. 2
1—1-4-41
. 5-17-39
I X26330

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35985

State File No.

FILED DEC 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9824

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2716a N. Taylor Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 611
(If outside city or town limits, write "RURAL")

(d) Street No. 2716a N. Taylor Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William D. Thomas

3. (b) If veteran, name war No

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Col 2

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Marie Thomas

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 20, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	28	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Fireman

11. Industry or business stationary

FATHER
12. Name David Thomas
13. Birthplace (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Octavia (Unk)
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Marie Thomas
(b) Address 2716a N. Taylor Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) NOV 24 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from MAY 15, 1942 to Nov. 18, 1942
that I last saw him alive on NOVEMBER 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHRONIC MYOCARDITIS	7 MOS.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work (e) Means of injury 0

23. Signature W. H. G. Clark (M. D. or other)
Address 2748a Franklin Date signed 11/20/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....1173.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.