

FILED JUN 19 1948 18
Registration District No. 1003

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S INFIRMARY, D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS.
(Specify whether
In this community LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 008
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3029 CLARK AVE.
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THURMAN THOMAS

3. (b) If veteran, name war No 3. (c) Social Security No 495-18-135

4. Sex MALE 5. Color or race C 6. (a) Single, widowed, married, divorced, or separated MARRIED

6. (b) Name of husband or wife DOTTIE 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 7 4 1922 (Month) (Day) (Year)

8. AGE: Years 20 Months 11 Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS MOO (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name JESSIE THOMAS
13. Birthplace MISSI (City, town, county) (State or foreign country)
14. Maiden name SPICY THOMAS
15. Birthplace MISSI (City, town, county) (State or foreign country)

16. (a) Informant Dottie Thomas
(b) Address 3029 Clark Ave

17. (a) BURIAL (b) Date thereof 6-16-43 (Monthly) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Jennie Love
(b) Address 3103 Washington

19. (a) JUN 16 1948 J. P. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1943 hour minute 5:40 P.M.

21. I hereby certify that I attended the deceased from May 25th - 1943 to June 10th - 1943 that I last saw him alive on June 10th - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute bacillary Bronchitis (Non-Smoker - Car)

Due to 106

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature O.W. Johnson (M. D. or other) Address 1046 N. Vandeventer Date signed 6-17-43

Duration

May 25th - June 10th - 1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.