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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUL 31 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6590

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:  
City Hospital #1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. 812 Hickory St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William James Thomas

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 176-12-5023

4. Sex Male 5. Color or Race White

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

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

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

7. Birth date of deceased Mar. 1 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 4 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wales \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Bench Work

11. Industry or business Diesel Co.

12. Name Gerimiah Thomas

13. Birthplace Wales \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Rachiel Thomas

15. Birthplace Wales \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Lewis

(b) Address 3314 S. Grand

17. (a) Burial (b) Date thereof 7-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 18 year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Complete Section of Spinal Cord Reason of 2nd Carotid when Victim fell down from concrete steps on the rear of his home at 812 Hickory St on July 17-43 about 1:45 am

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) Accident 000

(b) Date of occurrence 7-17-43

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas F. Calloway (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 7-19-43

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

MOTHER FATHER

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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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis mo.

**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.**