

S. No. 2
DOM-2-4
5-17-43
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27125

State File No.

7342

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

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:
ST. Mary Inf. O
(If not in hospital or institution, give street number & location)

(d) Length of stay: In hospital or institution..... 10 days
(Specify whether in this community years, months or days) 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... Alexander
994

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

(d) Street No..... 229-34th St. N.R.
(If rural, give location)

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

If yes, name country..... 2

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

(b) If veteran, name war..... no.

3. (c) Social Security No..... no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 8 day..... 14
year..... 1943 hour..... 8 minute..... 00 A.M.

21. I hereby certify that I attended the deceased from..... Aug. 4
1943, to..... Aug. 14 1943
that I last saw him alive on..... Aug. 14 1943
and that death occurred on the date and hour stated above.

4. Sex..... MALE 5. Color..... Col

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

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

6. (c) Age of husband or wife if alive..... 46 years

7. Birth date of deceased..... Mar 1, 1890
(Month) (Day) (Year)

Immediate cause of death..... Uremic Coma

Due to..... Chronic nephritis

Other conditions..... 121
(Include pregnancy within 3 months of death)

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

53 5 13 ..hr. min.

9. Birthplace..... Criss Mo
(City, town, or county) (State or foreign country)

10. Usual occupation..... Gatekeeper

11. Industry or business..... City of Criss

12. Name..... Eugene Thomas

13. Birthplace..... Balt. Md.
(City, town, or county) (State or foreign country)

14. Maiden name..... Julian Brown

15. Birthplace..... Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Louise Thomas

(b) Address..... 229-34th St.

17. (a) Removal..... East St. Louis
(Burial, or casket, or removal)

(b) Date thereof..... 8-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation..... St. Mary Inf. O

18. (a) Signature of funeral director..... J. J. Nash

(b) Address..... 2847 Payne Blvd.

19. (a) AUG 15 1943 (Date received local registrar)

(b) J. F. Brudeck (Registrar's signature)

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?

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

23. Signature..... W. J. ... (M. D. or other)

Address..... 2316 Campbell Date signed.....

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

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
3847 Page, Registered Apprentice No. _____
working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.