

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **8740**

**OCT 13 1943 318**

**1003**

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

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**6722 Vermont Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **CHARLIE A. THOMAS**

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

3. (c) Social Security No. **498-03-0072**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Cora Thomas**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **May 10th 1875**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **20**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Utica New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.**

11. Industry or business \_\_\_\_\_

12. Name **Anthony Thomas**

13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Cora Thomas--Wife**

(b) Address **6722 Vermont Avenue**

17. (a) **burial** (b) Date thereof **10-4-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Lutheran Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**

(b) Address **7814 South Broadway, St. Louis, Mo.**

19. (a) **OCT 2 1943** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **6722 Vermont Avenue**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30th**  
year **1943** hour **3** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Aug 3**  
**1943** to **Sept 30, 1943**  
that I last saw him alive on **Sept. 25, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**arteriosclerosis**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. F. Bredeck** (M. D. or other) \_\_\_\_\_  
Address **6729 Vermont** Date signed **10/4/43**

