

S. No. 2
DOM-2-43
5-17-30
X355

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30456

State File No. _____

FILED SEP 1 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 79017

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:
609 E. Pope Ave.
(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 Missouri (b) County _____

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

(d) Street No. 609 E. Pope Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. 491-18-9183

4. Sex M 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 11 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1943 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 31 1943 to Sept 1 1943
that I last saw him im alive on Aug 31 1943
and that death occurred on the date and hour stated above.

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

55	2	20	hr. min.
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Immediate cause of death Acute Corneas
Arteriosclerosis and
Coronary Thrombosis
Due to medicinal error
(Sarcoma) 1840.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Laborer

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William Thomas, Sr.

13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Daneron

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

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. Bueck (M. D. or other) MD
Address 5201 N. Broadway St. St. Louis Date signed 9/1/43

16. (a) Informant Anna Thomas

(b) Address 609 E. Pope Ave.

17. (a) Burial (b) Date thereof 9-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) SEP 3 1943 (Date received local registrar)

J. F. Bueck (Registrar's signature)

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
A. Strook

Licensed Embalmer No. *2265*

P. O. Address *4600 Natural Bend*

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.