

FILED OCT 22 1943 318

Registration District No. ....

Primary Registration District No. ....

1023

State File No. ....

Registrar's No. ....

8986

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. **13 days**  
In this community **60 years**  
years, months or days) (Specify whether)

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. **1101 Leffingwell**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**James Thomas**

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

**None**

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

**None**

4. Sex..... **Male** 5. Color or race..... **Negro** 6. (a) Single, widowed, married, divorced..... **Widow**

6. (b) Name of husband or wife..... **Dead** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 87** hr. min.

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

10. Usual occupation..... **Barber**

11. Industry or business..... **retired**

MOTHER FATHER { 12. Name..... **unknown**  
13. Birthplace..... **unknown**  
(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..... **Lizzie Bradshaw**

(b) Address..... **1011 N Leffingwell ave**

17. (a) **Burial** (b) Date thereof..... **10/12/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... **C.W. Roberts**

(b) Address..... **3035 Lucas ave**

19. (a) **OCT 12 1943** (b) **J. J. Wredeck**  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **7,**  
year..... **1943** hour..... **10** minute..... **20** A. M.

21. I hereby certify that I attended the deceased from..... **September 24,** 1943, to..... **October 7,** 1943, that I last saw him alive on..... **October 7,** 1943, and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Senility**  
**Myocardial Degeneration**

Due to.....

Due to.....

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

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
**Unk.**  
**Unk.**

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..... **S. E. Smith** (M. D. or other)

Address..... **2601 Webster** Date signed..... **10/12/43**

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 Fulton E. Cullkin .....

Licensed Embalmer No. 4198 .....

P. O. Address St. Louis 13 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.**