

FILED APR 5 1946 **STANDARD CERTIFICATE OF DEATH**
1003

Registration District No. 318

Primary Registration District 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:
Homer G Phillips Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Wash Thomas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 55 years

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

8. AGE: 57 Years 8 Months 14 Days
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Hattie Unknown

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

16. (a) Informant Fannie Thomas

(b) Address 2118 1/2 Biddle

17. (a) burial (b) Date thereof 3-28-46
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director A. L. Beal Undertaking Co.

(b) Address 2726 Lucas Avenue

19. (a) MAR 27 1946 (b) J. F. Bredack
(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. 2118 1/2 Biddle St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1946 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 12-26, 1945, to 3-25, 1946;
that I last saw him alive on March 25, 1946, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia (2days) Associated with Chronic Pyelonephritis and Terminal Hypostatic Pneumonia
Due to Non-calculous Pyelonephritis

Due to Chr. Supra Pubic Wound Infection
Other conditions (Include pregnancy within 3 months of death) Cachexia

Major findings: For Enlarged Prostate

Of operations _____

Of autopsy Yes

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? _____

23. Signature L. E. Courtney (M. D. or other) _____
Address 2601 N. Whittier Date signed 3/26/46

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

1003

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.....

..... *Vera Thompson*, Registered Apprentice No. *395*
working under my personal supervision.

Signed..... *James E. Walden*

Licensed Embalmer No. *4341*

P. O. Address..... *Blair, 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.