. No. 2
I—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29133

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2267

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: Christian Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

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. 2924 North Taylor Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eugene R. Thomas.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 27, (Day) 1946. (Year)
8. AGE: Years — Months — Days 1 If less than one day — hr. — min.
9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name William Thomas.
13. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
MOTHER 14. Maiden name Norma Fulk.
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant Mr. William Fulk.
(b) Address 2924 North Taylor Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) AUG 29 (Date received local registrar) (b) 1946 J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th. year 1946 hour 5 minute P.M. M.
21. I hereby certify that I attended the deceased from Aug. 27 — 1946 to 8-28- 1946 that I last saw h alive on 8-28- 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital atelectasis of R. lung	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. W. Graves (M. D.)
Address 3505 N. Grand Date signed 8/26/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.W.Farris.
3505 N. Grand.
9 to 11 A.M.
Jefferson 0191-9547

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

Signed Clement McNamy

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.