

FILED DEC 9 1946 318

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour 45min.
In this community _____
years, months or days

3. (a) PRINT FULL NAME BABY THOMAS
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 2 5. Color or race Col.
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 Nov. 27, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 45 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Infant

MOTHER FATHER { 12. Name Joe Thomas
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Chaney
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Thomas
(b) Address 403 E. Exchange

17. (a) Removal (b) Date thereof 11-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director O. J. Neal
(b) Address 3847 Daze

19. (a) NOV 20 1946 J. F. Bredeek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 403a Exchange Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1946 hour 3 minute 40 P.
21. I hereby certify that I attended the deceased from birth
_____ 1946, to 11/27/46, 1946;

that I last saw him alive on Nov 22, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
Hydrocephrosis
Bilateral
congenital growth
Polycystic kidney

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

Major findings:
Of operations _____
Of autopsy _____
157

Duration

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)
(a) Means of Injury _____

23. Signature E. F. Warton (M. D. or other) MD
Address 920 1/2 W. 2nd Date signed 12/1/46

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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.