

FILED NOV 25 1946
318

Registration District No.

Primary Registration District No.

Registrar's No. **9668**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution: pronounced dead at
3028 Pine Street Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 3
(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")
Street No. 3028 Pine Street
(If rural, give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Taylor Thomas

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Willie Mae Thomas 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 2 8 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 1 hr. min.

9. Birthplace Holly Springs, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (Hodcarrier)

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown
13. Birthplace.....
14. Maiden name.....
15. Birthplace.....

16. (a) Informant Willie Mae Thomas
(b) Address 3028 Pine Street

17. (a) Burial (b) Date thereof 11/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) NOV 13 1946 (b) J. F. Bredeek
(Date of burial or cremation) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
year 1946 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....

Due to.....

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

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

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)
(e) Means of injury.....

23. Signature Thomas J. Callahan (M.D. or other)
Address..... Date signed 11-18-46

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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 *Clark Young*

Licensed Embalmer No. *33710*

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.