

FILED JAN 23 1948

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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: 1- Day Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: 0 In hospital or institution (Specify whether
In this community: 6 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Thomas Rose

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 Widow

6. (b) Name of husband or wife

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

abt 77 hr. min.

9. Birthplace

Miss
(City, town, or county) (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

12. Name

James Rose

13. Birthplace

Miss
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Miss
(City, town, or county) (State or foreign country)

16. (a) Informant

Columbus Harris

(b) Address

3432 Bell Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof: 1-8-47
(Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood

18. (a) Signature of funeral director

W. H. Finley

(b) Address

147 F. Finley Ave

19. (a)

(Date received local registrar)

(b)

J. J. Brobeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3432 Bell Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1947 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 23
1946 to Jan. 3 1947
that I last saw him alive on Jan. 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Diffuse Peritonitis
Atherosclerosis (General)

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

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 Illness
(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 Marion H. Little (M. D. or other) M.D.
Address 3167 Sheridan Date signed 1-6-47

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 *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.