

No. 2  
12-45  
17-39  
X47070

FILED MAR 14 1947  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. 2375

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 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days  
(Specify whether years, months or days)

In this community 1 YEAR  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1613 Franklin  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Thomas

(b) If veteran, name war NONE

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5  
year 1947 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-30 to 3-5 1947.

that I last saw him alive on Mar. 5 1947 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NR 9RD

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ADA THOMAS

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

7. Birth date of deceased MARCH 15 1925  
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia due to Carcinoma of Stomach

Duration Undet.

8. AGE: Years Months Days If less than one day

71 11 20 - hr. - min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace BEARSTROP LA. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

Major findings: Of operations \_\_\_\_\_

Of autopsy No

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business FARMER

MOTHER FATHER { 12. Name Willis Thomas

13. Birthplace UNKNOWN LA. 1  
(City, town, or county) (State or foreign country)

14. Maiden name BEDIE JENSON

15. Birthplace UNKNOWN LA. 1  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Willis Thomas

(b) Address 1613 FRANKLIN AVE.

17. (a) REMOVAL (b) Date thereof MARCH 9 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, ARK

18. (a) Signature of funeral director C. Young

(b) Address 2620 N. Young

19. (a) MAR 8 1947 (b) J. J. Fredrick  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

23. Signature Edw. B. Williams (M.D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 3/6/47

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

**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.....

*Thomas Marshall Labson*

Registered Apprentice No. *492*

working under my personal supervision.

Signed.....

*Clarke Young*

Licensed Embalmer No. *3371*

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.**