FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24793

Registrar's No. 6470

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Valley Park (If outside city or town limits, write "RURAL")
(d) Street No. #7 Quinette Dr. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orel Lee Thomas
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Edna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 12 (Day) 1891 (Year)

8. AGE: Years 57 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Branch Manager
11. Industry or business City Ice & Fuel Co.
FATHER 12. Name Edward P. Thomas
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Brown
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dorothy Hall
(b) Address Crescent Ave., Valley Park
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) JUL 22 1948 (Date received local registrar) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 19 day
year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from May 25, 1948 to July 19 1948 that I last saw him alive on July 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lung	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma - rt lung
rt. pneumonectomy
Of autopsy left pulmonary edema

PHYSICIAN — Underline the cause of 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 [illegible] (M. D. ~~or other~~)
Address 3701 Grandel Sq. Date signed 7-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

6470

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) M

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.