

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1949

State File No. 17753  
4711  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		HOMER G. PHILLIPS HOSPITAL		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		c. LENGTH OF STAY (In this place) Jan 17 48 19 48 to 5-13-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 13 = 5800 Arsenal St.					
3. NAME OF DECEASED a. (First) Joseph, Thomas (Type or Print)			b. (Middle) _____			c. (Last) _____			
4. DATE OF DEATH		(Month) 5,		(Day) 13		(Year) 49			
5. SEX MALE 2		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED		8. DATE OF BIRTH July 3, 1882			
9. AGE (In years last birthday) 66-10-20		10. MONTHS _____		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U S A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pool Room Operator		10b. KIND OF BUSINESS OR INDUSTRY Pool Room		13a. FATHER'S NAME Sam Thomas		13b. MOTHER'S MAIDEN NAME Georgia Proxton			
13c. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmiry Records, 5800 Arsenal			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 wks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 92 (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 11:55 P.M.							
22. I hereby certify that I attended the deceased from _____ 19____ to 5/13, 19 49, that I last saw the deceased alive on 5/13, 19 49, and that death occurred at _____ P.M., from the causes and on the date stated above.									
23a. SIGNATURE Masao Ohno M.D. (Degree or title)				23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 5/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE MAY 31 1949		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) _____ (State) _____			
DATE REC'D BY LOCAL REG. MAY 31 1949		REGISTRAR'S SIGNATURE J. Blanton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4104 Manchester Ave					

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.