

# STANDARD CERTIFICATE OF DEATH

21777  
21717

State File No. 5717

FILED JUL 15 1949

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST LOUIS MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1215 Jones ST</b>		d. STREET ADDRESS (If rural, give location) <b>11 1215 Jones ST</b>	
3. NAME OF DECEASED a. (First) <b>George</b> b. (Middle) <b>F</b> c. (Last) <b>Thomas</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 25 49</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12 MAY 1889</b>
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Vicksburg Miss</b>
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13. FATHER'S NAME <b>Unkn</b>	
14. MOTHER'S MAIDEN NAME <b>Unkn</b>		15. NAME OF HUSBAND OR WIFE <b>Mamie Thomas</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	17. SOCIAL SECURITY NO. <b>9-63-76</b>	18. INFORMANT'S SIGNATURE OR NAME <b>Mamie Thomas</b> ADDRESS <b>1215 Jones St</b>	
19. 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) <b>Myocardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophy of</b> DUE TO (c) <b>Prostate (prob. ca)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH. <b>April '49</b>		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. DATE OF OPERATION <b>12-28-47</b>	23. MAJOR FINDINGS OF OPERATION <b>Enlarged Prostate (Transurethral Prostatectomy)</b>		24. DATE SIGNED <b>7-6-49</b>
25. ACCIDENT SUICIDE HOMICIDE (Specify)	26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	27. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>51 57</b>	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	30. HOW DID INJURY OCCUR? <b>177X</b>	
31. I hereby certify that I attended the deceased from <b>4-15-1949</b> , to <b>6-25-1949</b> , that I last saw the deceased alive on <b>6-25-1949</b> , and that death occurred at <b>7:00 A.M.</b> , from the causes and on the date stated above.			
32. SIGNATURE <b>J.E. Sherard, M.D.</b> (Degree or title) <b>A</b>		33. ADDRESS <b>2702a Franklin</b>	34. DATE SIGNED <b>7-6-49</b>
35. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	36. DATE <b>July 2-49</b>	37. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	38. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY MO</b>
39. DATE REC'D BY LOCAL REG. <b>7-1-49</b>	40. REGISTRAR'S SIGNATURE <b>J. B. Lassala</b>	41. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Peth</b> ADDRESS <b>2812 Casadre</b>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....,  
Student Embalmer

Signed

*Herbert J. Gardner*

Licensed Embalmer No. 4345

P. O. Address

*14 Wynnie St.  
Hialeah, Fla.*

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.