

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6811
State File No. 1484
REG. DIST. NO. 1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: MISSOURI b. COUNTY: ST LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		4370	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES HOSPITAL				f. STREET ADDRESS (If rural, give location) 7556 STANFORD AVE			
3. NAME OF DECEASED a. (First) LEWIS		b. (Middle) FRANCIS		c. (Last) THOMAS		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 13, 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOVEMBER 1, 1886	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROFESSOR - WASHINGTON UNIVERSITY		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) PIONEER, OHIO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HEMAN THOMAS		13b. MOTHER'S MAIDEN NAME CELIA DRAKE		14. NAME OF HUSBAND OR WIFE ELEANOR GIDEON THOMAS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W. I		17. INFORMANT'S SIGNATURE OR NAME MRS. ELEANOR G. THOMAS		ADDRESS 7556 STANFORD AVE	
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) Acute Coronary Thrombosis & Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 1 year.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ (STATE) 4201		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct 27, 1939, to Feb. 13, 1950, that I last saw the deceased alive on Feb. 13, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Hiram L. Liggitt (Degree or title) M.D.		23b. ADDRESS 3720 Washburn Blvd		23c. DATE SIGNED 2/14/50			
24a. BURIAL, CREMATION, REMOVAL, OR OTHER _____		24b. DATE FEBRUARY 15, 1950		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MISSOURI	
DATE REC'D BY LOCAL REG. FEB 14 1950		REGISTRAR'S SIGNATURE J. B. Lantieri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS 7233 DELMAR BLVD.			

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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.

Student

Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.