

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11177  
Registrar's No. 2201

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis)  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4932 Terry Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069  
d. STREET ADDRESS (If rural, give location) 4932 Terry Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) Jim b. (Middle) \_\_\_\_\_ c. (Last) Thomas  
4. DATE OF DEATH (Month) (Day) (Year) March 5, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 25, 1897 9. AGE (In years) (Month) (Day) (Hour) (Min.) 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Retail Liquor 11. BIRTHPLACE (State or foreign country) Greece 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Postiades 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Georgia K. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Georgia Thomas ADDRESS 4932 Terry Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chronic interstitial nephritis 1 year  
DUE TO (c) Cirrhosis of liver 18 mos.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 5810

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK  AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from March 30, 19 49, to March 5th, 19 50, that I last saw the deceased alive on March 5, 19 50, and that death occurred at 7:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Solon Cameron, M.D. 23b. ADDRESS 508 N. Grand, St. Louis 3, Mo. 23c. DATE SIGNED 3/7/50.

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-8-50 24c. NAME OF CEMETERY OR CREMATORY St. Matthews 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAR 7 1950 REGISTRAR'S SIGNATURE J. B. Parater 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed, Alvin R. Coolwell

Signed, .....  
Student Embalmer

Licensed Embalmer No. 4077

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.