

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22077

Registrar's No. 5141

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. 5141	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1119 Goodfellow				d. STREET ADDRESS (If rural, give location) 1119 Goodfellow			
3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) _____ c. (Last) THOMAS			7. DATE OF DEATH (Month) (Day) (Year) JUNE-12-50				
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT. 18-1877		9. AGE (In years, last birthday) 72 YRS	If UNDER 1 YEAR Months _____ Days _____	If UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANTHONY THOMAS			13b. MOTHER'S MAIDEN NAME NORAH SULLIVAN		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Norah Pierce ADDRESS 3016 Cherokee St.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma; suffered when deceased fell down a flight of eight wooden steps leading from the kitchen to the basement at 1119 Goodfellow Ave., on June 12, 1950 at about 6:00 or 6:30 am INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 Accident only				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Slip and Fall Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 12 50 6:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 69100			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Garrick E. Taylor (Degree or title) Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6.12.50	
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE JUNE 15-50	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 12 1950		REGISTRAR'S SIGNATURE J. B. Lavater		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur ADDRESS 3125 Lafayette Av.			

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.....

Jose B. Hollmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.