

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28731
Registrar's No. 7614

BIRTH NO. <u>54261-50</u>		REG. DIST. NO. <u>318</u>		MAY REC. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>21 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		270 d. STREET ADDRESS <u>2425 N. Garrison</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			e. CITY (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle)	c. (Last) <u>Thomas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 25 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>8-4-50</u>	9. AGE (In years last birthday) <u>0</u>	10. IF UNDER 1 YEAR Months <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>James Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Merriweather</u>		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 <u>William H. Smith</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Omphalocele</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>Meningomyelocele, Spina Bifida, Imperforated Anus, Exstrophy of Bladder, Bilateral Talipes Valgus.</u>			ADDRESS <u>2601 N. Whittier</u> INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Prematurity</u>				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) (STATE)		21f. HOW DID INJURY OCCUR? <u>Sted. 2.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>8-4-</u> , 19 <u>50</u> , to <u>8-25-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-25-</u> , 19 <u>50</u> , and that death occurred at <u>3:55</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>William H. Smith</u>			23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>9-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6 SEP 8 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 8 1950</u> <u>J. B. Ponder</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u>			

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.....

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.