

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25396
5697

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

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** **2/69**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony Hospital** e. STREET ADDRESS (If rural, give location) **3902 Potomac St.**

3. NAME OF DECEASED
a. (First) **WILMA** b. (Middle) **E.** c. (Last) **THOMAS**

4. DATE OF DEATH (Month) (Day) (Year)
June 22 1951

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**

8. DATE OF BIRTH **Oct. 12, 1901** **9. AGE** (In years last birthday) **49** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WEEK: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) **Germany** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Albert Simon** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **R. Oliver Thomas**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____

17. INFORMANT'S SIGNATURE OR NAME **R. Oliver Thomas** **ADDRESS** **3902 Potomac 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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Rheumatic heart disease and auricular fibrillation**
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** **No 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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **H/6X**

22. I hereby certify that I attended the deceased from **June 14, 1951,** to **June 22, 1951,** that I last saw the deceased alive on **June 22, 1951,** and that death occurred at **5:40P m.,** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R.V. Paurel M.D.** **23b. ADDRESS** **3720 Washington** **23c. DATE SIGNED** **6-23-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** **24b. DATE** **Jun. 25, 1951** **24c. NAME OF CEMETERY OR CREMATORY** **Missouri Crematory** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 24 1951** **REGISTRAR'S SIGNATURE** **J-B Lester** **25. FUNERAL DIRECTOR'S SIGNATURE** **Kriegshauser** **ADDRESS** **4228 S.Kingshighway Bl.**

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

Edwin A. M. Bennett

Signed.....

Student Embalmer

Licensed Embalmer No. 3024

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.