

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35682

State File No.

BIRTH NO. 29265-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9628

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2114</u>	
c. LENGTH OF STAY (In this place) <u>32 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		H STREET ADDRESS (If rural, give location) <u>4414a Cotebrilliante</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Yetta</u> b. (Middle) <u>Twin # 1</u> c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>30</u> <u>51</u>	
5. SEX <u>Fem.</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>826y A</u>	8. DATE OF BIRTH <u>9-28-51</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Wesley Shivers</u>		13b. MOTHER'S MAIDEN NAME <u>Jeannie Mae Thomas nee Armstrong</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur M. Shivers, R.R. 1</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.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Infectious Diarrhea</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Premature birth</u>	
20. INTERVAL BETWEEN ONSET AND DEATH		21. ADDRESS <u>2601 N. Whittier</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>76415</u>		22. I hereby certify that I attended the deceased from <u>9-28-</u> <u>19 51</u> to <u>10-30-</u> <u>19 51</u> that I last saw the deceased alive on <u>10-30-</u> <u>19 51</u> , and that death occurred at <u>9:50a-m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M. D. D.</u> (Degree or title)		23b. ADDRESS <u>2601 N. Whittier</u>	
23c. DATE SIGNED <u>10-31-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>10-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Berkeley MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gus Lowe</u> ADDRESS <u>2930 Dickson St.</u>	
DATE REC'D BY LOCAL REG. <u>10 31 1951</u>		REGISTRAR'S SIGNATURE <u>W. J. S.</u>	

(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 *Leroy W. Bannister*

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Eyster*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.