S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 2 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3401

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0549

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 3966 Enright Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First): Elizabeth
b. (Middle):
c. (Last): Thomas

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 16 1952

**5. SEX**: Female 3

**6. COLOR OR RACE**: Negro

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2

**8. DATE OF BIRTH**: 8/15/1874

**9. AGE** (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5, Days 1 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**: --

**11. BIRTHPLACE** (State or foreign country): Natchez, Mississippi

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John White

**13b. MOTHER'S MAIDEN NAME**: Susan Dawson

**14. NAME OF HUSBAND OR WIFE**: Eugene 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** ADDRESS: Zereda Thomas, 3966 Enright Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 41 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — Undet.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* None

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** 322 X

22. *I hereby certify that I attended the deceased from* 12-6 *, 19* 51 *, to* 1-16 *, 19* 52 *, that I last saw the deceased alive on* 1-16 *, 19* 52 *, and that death occurred at* 11:50 a.m. *, from the causes and on the date stated above.*

**23a. SIGNATURE** Tom H. Reid (Degree or title) M. D.

**23b. ADDRESS**: 2601 N Whittier St

**23c. DATE SIGNED**: 1-18-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal IL

**24b. DATE**: 1/21/52

**24c. NAME OF CEMETERY OR CREMATORY**: Washington Park Cem.

**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE RECD BY LOCAL REG. JAN 28 1952

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS
GATES FUNERAL HOME
Charles J. Gates, 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

## 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. 4259

P. O. Address 4107 Finney Avenue

**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.**