

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18620

State File No. \_\_\_\_\_

FILED JUN 16 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4764

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH-NO. _____  |  | REG. DIST. NO. 318   |  | PRIMARY REG. DIST. NO. 1003  |  | Registrar's No. 4764  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><u>St. Louis</u>   |  | c. LENGTH OF STAY (In this place)<br>_____   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>   |  | 2119  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Homer G. Phillips Hospital</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>3927 Page Blvd.</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Dorothy</u>  |  | b. (Middle) <u>Nell</u>  |  | c. (Last) <u>Thomas</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May 21 1952</u>                      |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>  |  | 8. DATE OF BIRTH<br><u>Feb. 12, 1943</u>  |  |
| 9. AGE (In years last birthday)<br><u>9</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 4 WKS.<br>Hours _____ Mins. _____   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Unemployed</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>_____ |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Brookhaven Mississippi</u> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |  |  |  |  |   |  |
| 13a. FATHER'S NAME<br><u>Boston Thomas</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Fleming</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Sidney Fleming 4278 St. Ferdinand</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage Ruptured sinus, suffered when struck by car operated by one Claude Biddick (cl) at intersection of Sarah &amp; Page about 4:40 pm</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>May 21 1952</u> |  |  |  |   |  |
| 19a. DATE OF OPERATION<br>_____  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>see Accident</u>  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)<br><u>Street</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St. Louis Mo</u>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>May 21 3:40 pm</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><u>E 812.4</u>   |  |   |  |
| 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 <u>5:55</u> p.m., from the causes and on the date stated above. 25 |  |  |  |  |  |   |  |
| 22a. SIGNATURE (D, M, or title)<br><u>Patrick E. Taylor Currier</u>  |  |  |  | 22b. ADDRESS<br><u>1300 Clark</u>  |  | 22c. DATE SIGNED<br><u>5.23.52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 24b. DATE<br><u>5-26-52</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Zion Hill Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Wesson, Miss.</u>               |  |
| DATE REC'D BY LOCAL REG.<br><u>MAY 23 1952</u>   |  | REGISTRAR'S SIGNATURE<br><u>J. C. Smith MD</u>   |  | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>J. C. Moore 12217 Grand</u>   |  |   |  |

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

Remove

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lorenca Casanova

Licensed Embalmer No. 47515

P. O. Address 1221 N. Grand

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.