

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45592**
Registrar's No. **12192**

FILED JAN 19 1954

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 12192			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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 OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 25 909 N. 15th St.					
3. NAME OF DECEASED (Type or Print) a. (First) Mera		b. (Middle) Lee		c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) 12 22 53			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH 9-13-1947			
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School girl		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Nathaniel Thomas		13b. MOTHER'S MAIDEN NAME Vertrice Wiley		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Vertrice Thomas ADDRESS 909 N. 15th 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uncontrolled Hemorrhage Post Tonsillectomy ANTECEDENT CAUSES Tonsillectomy DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Chronic Tonsillar Hypertrophy Pulmonary Congestion Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 14 Hrs.	
19a. DATE OF OPERATION 12-22-53		19b. MAJOR FINDINGS OF OPERATION Chronic Tonsillar Hypertrophy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5101							
22. I hereby certify that I attended the deceased from 12-20, 1953 , to 12-22, 1953 , that I last saw the deceased alive on 12-22, 1953 , and that death occurred at 10:55P m. , from the causes and on the date stated above.									
23a. SIGNATURE Helen Nash (Degree or title) M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12-24-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home ADDRESS 2820 Stoddard St.					

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James C. Carter*
Licensed Embalmer No.
P. O. Address..... *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.