

## STANDARD CERTIFICATE OF DEATH

6893

State File No. ....

BIRTH NO. 5955-57 MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1074

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>                                |  |
| c. LENGTH OF STAY (In this place)<br><b>5 days</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>22 2611 1/2 Walnut</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>   |                                  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Twin# 2)</b><br><b>Janice Louise</b><br>b. (Middle)<br>c. (Last)<br><b>Thomas</b>  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>1 21 54</b>         |
| 5. SEX<br><b>Fem. 2</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br><b>1-16-54</b>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Mo.</b> |
| 12. CITIZEN OF WHAT COUNTRY?   |                                  | 13a. FATHER'S NAME<br><b>Herbert Thomas</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Dorothy Lovelace</b>   |                                  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Father W. Sheridan</b>   |                                  | ADDRESS<br><b>2601 N. Whittier</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |                                  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dermatitis Exfoliativa Neonatorum</b>  |                                  |  | INTERVAL BETWEEN ONSET AND DEATH                                   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |                                  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                                  |  |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |  |  |
| 21a. ACCIDENT (Specify)<br>SUICIDE<br>HOMICIDE   |                                  | 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?<br><b>7591</b>  |                                  |  |  |
| 22. I hereby certify that I attended the deceased from <b>1-16-</b> 19 <b>54</b> , to <b>11-21-</b> 19 <b>54</b> , that I last saw the deceased alive on <b>1-21-</b> 19 <b>54</b> , and that death occurred at <b>8:20 a.m.</b> , from the causes and on the date stated above. |                                  |  |  |
| 23a. SIGNATURE<br><b>W. H. Schuler</b>   |                                  | 23b. ADDRESS<br><b>M. D. 2601 N. Whittier</b>  |  |
| 23c. DATE SIGNED<br><b>1-27-54</b>   |                                  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 24b. DATE<br><b>2-27-54</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Anatomical Board</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>FEB 3 1954</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Carl Smith M.D.</b>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Rowland-Aker Mortuary Service</b>   |                                  | ADDRESS  |  |

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.