

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6894

State File No. ....

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1177

1. PLACE OF DEATH a. COUNTY		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. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 4019 Cook		21190	
3. NAME OF DECEASED (Type or Print) Jessie		a. (First)		b. (Middle)	
		c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1954	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH March 31, 1904		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
10b. KIND OF BUSINESS OR INDUSTRY Jefferson Hotel		11. BIRTHPLACE (City and State or Foreign Country) Oak Grove Miss.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Elias Grace		13b. MOTHER'S MAIDEN NAME Cora Nallor		14. NAME OF HUSBAND OR WIFE Harry Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, type war or dates of service)		16. SOCIAL SECURITY NO. 498-05-27020		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Grace 4019 Cook	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH Undet.    Undet.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 331X	

22. I hereby certify that I attended the deceased from 2-1, 1954 to 2-4, 1954, that I last saw the deceased alive on 2-4, 1954, and that death occurred at 5:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward M. D. Williams		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-5-54	
24a. BURIAL, CREMATION (Specify)		24b. DATE 2-8-54		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			

DATE REC'D BY LOCAL REG. EB 6 1954		REGISTRAR'S SIGNATURE J Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Koonce F H 1221 N. Grand	
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(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gupton Swain*.....

Licensed Embalmer No. *458*.....

P. O. Address *1321 N. Green*.....

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.