

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14181

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3109

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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4057 Page		e. STREET ADDRESS (If rural, give location) 4057 Page					
3. NAME OF DECEASED (Type or Print) Janie		a. (First)		b. (Middle)			
4. DATE OF DEATH April 4, 1954		c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX F		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			
8. DATE OF BIRTH March 26, 1879		9. AGE (In years last birthday) 75		10. AGE (In years last birthday) if UNDER 1 YEAR Months 0 Days 8 Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Trezevant, Tennessee			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Mike Jones		13b. MOTHER'S MAIDEN NAME unknown			
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) no		16. SOCIAL SECURITY NO. none			
17. INFORMANT'S SIGNATURE OR NAME Juanita Thomas, 4125 Enright		ADDRESS					
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) <u>Hypertensive Cardiac Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 443X			
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			
22. I hereby certify that I attended the deceased from <u>March 30, 1954</u> to <u>April 4, 1954</u> that I last saw the deceased alive on <u>April 4, 1954</u> , and that death occurred at <u>12:30 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Washed M.D.</u>		(Degree or title)		23b. ADDRESS 4270-2 ^a N. Fairview Ave		23c. DATE SIGNED 4-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Ship		24b. DATE April 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Milan, Tennessee		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. APR 6 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Kosove</u>		ADDRESS 1221 N. Grand	

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..... *Geoffrey Swan*

Licensed Embalmer No. 7580

P. O. Address 1221 W. G.

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.