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FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36047

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8874**

1. PLACE OF DEATH
a. COUNTY St. Louis

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. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL

e. STREET ADDRESS (If rural, give location) 2229 22 2143 Hickory St.

3. NAME OF DECEASED
a. (First) EDWARD b. (Middle) _____ c. (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year) 9 26 1954

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Dec 11, 1874

9. AGE (In years last birthday) 79 9 Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done in most of work life, even if retired) Minister

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edgar Thomas

13b. MOTHER'S MAIDEN NAME Laura

14. NAME OF HUSBAND OR WIFE Pearl Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Ward 2142 Hickory

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old C.V.A.
ANTECEDENT CAUSES DUE TO (b) New Anterior
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
years
years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 331X

22. I hereby certify that I attended the deceased from Aug. 23, 1954, to Sept. 26, 1954, that I last saw the deceased alive on Sept. 26, 1954, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE George E. ... (Degree or title) _____

23b. ADDRESS 5600 Arsenal St.

23c. DATE SIGNED 9.27/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Oct 2, 1954

24c. NAME OF CEMETERY OR CREMATORY North Dechen

24d. LOCATION (City, town, or county) (State) Robertson, Mo.

DATE REC'D BY LOCAL REG. SEP 30 1954

REGISTRAR'S SIGNATURE Charles Smith MO-6

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Kooze 1217 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..... *Geyton Swan*

Licensed Embalmer No. *458*

P. O. Address *1221*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.