

FILED DEC 30 1954 STANDARD CERTIFICATE OF DEATH

State File No. 10681

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>South Kinloch</i>		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 <i>Mo. Pac Hosp. Assn.</i>				e. STREET ADDRESS (If rural, give location) <i>1129 Warren St. Kinloch, Mo.</i>			
3. NAME OF DECEASED (Type or Print) <i>FRANK</i>		a. (First)		b. (Middle)		c. (Last) <i>THOMAS.</i>	
4. DATE OF DEATH		Month		Day		Year	
		<i>11</i>		<i>19</i>		<i>52</i>	
5. SEX <i>M</i>		6. COLOR (OR RACE) <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED- (Specify)		8. DATE OF BIRTH <i>July-1-1882</i>	
				<i>Married</i>		9. AGE (In years last birthday) <i>72</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car cleaner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Terminal B.R.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jesse Thomas</i>		13b. MOTHER'S MAIDEN NAME <i>Unk.</i>		14. NAME OF HUSBAND OR WIFE <i>Ora Thomas</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>702-12-4790</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ora Thomas 1129 Warren, Kinloch, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ca of liver</i>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <i>Abdominal cancer</i>					
		DUE TO (c) <i>Ca of rectum</i>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>11-14-54</i>		19b. MAJOR FINDINGS OF OPERATION <i>Cancerous ca of rectum</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>154X</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>10-20</i> , 1954, to <i>11-19</i> , 1954, that I last saw the deceased alive on <i>11-19</i> , 1954, and that death occurred at <i>9:25 am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Earl M. Smith M.D.</i>				23b. ADDRESS <i>539 N. Grand</i>		23c. DATE SIGNED <i>11-19-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-24-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Jefferson, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 23 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G. W. Roberts Undertaking Co. 1416 N. Taylor</i>			

S.P. (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 *James B. Carter*.....

Licensed Embalmer No. *4319*.....

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.