

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 17 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11014**

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 Enroute Homer G. Phillips Hosp.		e. STREET ADDRESS 1208 N. Bayard Avenue	f. (If rural, give location) 2129
3. NAME OF DECEASED (Type or Print) a. (First) Ivory b. (Middle) Jean c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) 12 1 54	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-31-1928
9. AGE (In years last birthday) 26		10. MONTHS 6	11. YEAR 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Model		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Louisiana
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Jake Hullaby	
13b. MOTHER'S MAIDEN NAME Ada Robinson		14. NAME OF HUSBAND OR WIFE George Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME George Thomas
17. ADDRESS 1208 N. Bayard		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Ruptured Aorta; Multiple Fractures; suffered while struck by car operated by one broken in front of about		INTERVAL BETWEEN ONSET AND DEATH 3903
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Bright Ave., about 215 am Dec 1, 1954.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis MO MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 1 54 2:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8124	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 A.M. , from the causes and on the date stated above. 25					
23a. SIGNATURE Joseph M. Deane, M.D.		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/7/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-6-54		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc.			

DATE REC'D BY LOCAL REG. DEC 3 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc.	
				ADDRESS 2820 Stoddard St.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Fulford E. Culbertson*

Licensed Embalmer No. *419*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.