

No. 300
10-48

FILED DEC 16 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42881**
10897

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri			
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		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS 22		(If rural, give location) 202 S. 23rd 2229			

3. NAME OF DECEASED (Type or Print) a. (First) Precelle b. (Middle) Junior c. (Last) Thomas			4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 54		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/12/54		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME PRECELLE THOMAS		13b. MOTHER'S MAIDEN NAME LOVIE THOMAS		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Precelle Thomas				ADDRESS 202 S. 23rd
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undt.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Breast Abscess						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? 5710	

22. I hereby certify that I attended the deceased from 10-16, 1954, to 11-24, 1954, that I last saw the deceased alive on 11-24, 1954, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Helen E. Nash		(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 11-27-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11/30/54	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
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DATE REC'D BY LOCAL REG. NOV 30 1954	REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Luke Jones		ADDRESS 1343 N. Garrison
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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 *Arthur L. Holliday*

Licensed Embalmer No. *422*

P. O. Address *4524 Al*

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.