

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43439**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11683**

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 township) St Louis		c. LENGTH OF STAY (in this place) 14 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hosp.		f. STREET ADDRESS (If rural, give location) 76 3405 Hartford St. 2769			
3. NAME OF DECEASED (Type or Print) Thomas Alex Biggers		a. (First)		b. (Middle)	
c. (Last) Biggers		4. DATE OF DEATH (Month) (Day) (Year) Dec 21, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 22, 1898		9. AGE (in years last birthday) 56		10. IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Mississippi 1	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alex Biggers		13b. MOTHER'S MAIDEN NAME Carrie Henley	
14. NAME OF HUSBAND OR WIFE Corinne		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. 702-16-3729	
17. INFORMANT'S SIGNATURE OR NAME Corinne Biggers		ADDRESS 3405 Hartford, St. Louis, Mo			

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney with metastasis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES 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 14 MAY 54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Kidney (Pt.)		20. AUTOPSY? YES <input checked="" 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)	
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? 180X	

22. I hereby certify that I attended the deceased from **7 Dec, 1954**, to **21 Dec, 1954**, that I last saw the deceased alive on **21 Dec, 1954**, and that death occurred at **8:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. With, M.D. (Degree or title)		23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED 22 Dec 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-24-1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					

DATE REC'D BY LOCAL REG. DEC 23 1954		REGISTRAR'S SIGNATURE Charles Smith MD		25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Mo.	
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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 R. Chapman

Licensed Embalmer No...*45*...

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.