

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **44069**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11497**

1. PLACE OF DEATH a. COUNTY Missouri			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) St. Louis		c. LENGTH OF STAY (In this place) 9 days	c. CITY OR TOWN St. Louis		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 Mo-Pacific Hosp. Ass'n			e. STREET ADDRESS (If rural, give location) 4055 West Pine 2199		
3. NAME OF DECEASED (Type or Print) a. (First) Wilbert b. (Middle) Calvin c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) Dec 17, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH APRIL 17, 1901	9. AGE (In years last birthday) (Specify) 53	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rate Clerk	10b. KIND OF BUSINESS OR INDUSTRY Ill. Term. R. R.	11. BIRTHPLACE (City and State or Foreign Country) Pekin, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Calvin W. Thomas		13b. MOTHER'S MAIDEN NAME Elsie M. Griffin		14. NAME OF HUSBAND OR WIFE Sarah V. Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Sarah V. Thomas, 4055 W. Pine	ADDRESS		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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"/>
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201		
22. I hereby certify that I attended the deceased from 12-9, 1954 , to 12-17, 1954 , that I last saw the deceased alive on 12-15, 1954 , and that death occurred at 4:55 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE S. Wilber		(Degree or title) M.D.	23b. ADDRESS 607 W. Grand		23c. DATE SIGNED 12/17/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-17-54	24c. NAME OF CEMETERY OR CREMATORY Springdale Cemetery		24d. LOCATION (City, town, or county) (State) Peoria, Illinois	
DATE REC'D BY LOCAL REG. DEC 17 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	

(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 *Ettonius Remeilus*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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.