

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6716

State File No.

FILED MAR. 1 1955

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>327</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clayton		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN Pine Lawn		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospt.				STREET ADDRESS (If rural, give location) 6237 Lorraine Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) WALTER		b. (Middle) THOMAS		c. (Last) THOMAS	
DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH July 4 1890		9. AGE (In years Last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shear Operator		10b. KIND OF BUSINESS OR INDUSTRY Factory		11. BIRTHPLACE (City and State or Foreign Country) Granteville, Mo.		12. CITIZEN OF WHAT COUNTRY? us	
13a. FATHER'S NAME Elic Thomas		13b. MOTHER'S MAIDEN NAME Lena Decker		14. NAME OF HUSBAND OR WIFE Divorced			
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. 431-01-5868		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Thomas 6237 Lorraine Ave.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emaciation DUE TO (c) Squamous Cell Carcinoma of Oropharynx, Stage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH 1 day ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		145X	
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) (Minute)		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 <u>2-2-1955</u> , to <u>2-6-</u> , 1955, that I last saw the deceased alive on <u>2-6-</u> , 1955, and that death occurred at <u>11</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cooper D. Ray, M.D.		23b. ADDRESS 601 S. Brentwood, Clayton Mo.		23c. DATE SIGNED 2-6-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Ironton, Mo.		24d. LOCATION (City, town, or county) (State) IRONTON MO.	
DATE REC'D BY LOCAL REG. 2-8-55		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1128 Hodiamont Ave.	

G. W.

(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

John L. Deem
.....
Licensed Embalmer No. 41
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.