

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18760

318

1003

Registrar's No. 5257

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give town or township)				c. CITY (If outside corporate limits, write RURAL and give township)				d. STREET ADDRESS (If rural, give location)							
ST. LOUIS				ILLINOIS				MADISON							
d. FULL NAME OF HOSPITAL OR INSTITUTION				4. DATE OF DEATH (Month) (Day) (Year)				8/20/56							
ALEXIAN BROS				1123 GRAND AVE											
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			
JOSEPH (TOMAS) THOMAS												JUNE 11, 1956			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
MALE		WHITE		MARRIED		AUG 23, 1877		78		Months		Days			
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)				12. CITIZEN OF WHAT COUNTRY?			
RETIRED LABORER				ENGR. DEPT.				YUGOSLAVIA				U.S.A.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
LOYRE THOMAS				unknown				EVA THOMAS							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS			
no.				328-07-6130				EVA THOMAS				MADISON, ILL.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis								6 days			
				ANTECEDENT CAUSES Arteriosclerosis											
				*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											
				DUE TO (b) Arteriosclerosis								10 yrs.			
				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?			
				none								420.1			
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)							
none															
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?							
none															
22. I hereby certify that I attended the deceased from May 27, 1956, to June 1, 1956, that I last saw the deceased alive on May 31, 1956, and that death occurred at 7 am, from the causes and on the date stated above.															
23a. SIGNATURE (Stupper Plümbe M.D. (Degree or title))						23b. ADDRESS 3938 S. Grand St. St. Louis						23c. DATE SIGNED June 11, 1956			
Stupper Plümbe M.D.						3938 S. Grand St. St. Louis									
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)			
REMOVED				6-1-56				CALVARY				MADISON ILL.			
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS			
JUN 1 1956				Carl Smith M.D.				John J. Sedack				MADISON, ILL.			

m 28 (Licensed Embalmer's Statement on Reverse Side)

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 ^{NOT} _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John L. Lideach

Licensed Embalmer No. 3747

P.O. Address *Madison, Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.