

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25281

FILED JUL 20 1956

State File No.

6142

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 Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis		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 Peoples Hospital				e. STREET ADDRESS (If rural, give location) 5230 Pattison Ave.			
3. NAME OF DECEASED (Type or Print) Elmer		a. (First)		b. (Middle)		c. (Last) Thomas	
4. DATE OF DEATH June 27, 1956.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 23, 1893		9. AGE (In years last birthday) 63 If under 1 year: Months 1 Days 4 If under 24 hrs. Hours 4 Min. _____	
5. SEX Male		6. COLOR OR RACE Col.		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Brick Yard	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Alonzo Thomas		13b. MOTHER'S MAIDEN NAME Jennie Chapman	
14. NAME OF HUSBAND OR WIFE Catherine Thomas		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) # I.W.W.		16. SOCIAL SECURITY NO. 497-01-3063		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Thomas 5230 Pattison 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cancer of the liver & colon				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 6/18/56		19b. MAJOR FINDINGS OF OPERATION inoperable cancer of the colon and liver				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 9, 1956 , to June 27, 1956 , that I last saw the deceased alive on June 27, 1956 , and that death occurred at 9:20P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. D. ...				23b. ADDRESS 3136 Chouteau Ave		23c. DATE SIGNED 6/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 23 1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JUN 29 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave.			

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. Herliand*.....

Licensed Embalmer No. *4221*.....

P. O. Address *4107 Avenue*.....

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.