

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020213

STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5686

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harner B. Phillips			Length of stay in lb 2 1/2		d. STREET ADDRESS (If outside, give location) 11 Westmoreland Pl.		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES Thomas				4. DATE OF DEATH Month Day Year 5 30 58				
5. SEX M. <input checked="" type="checkbox"/>	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 8-16-1887		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDNER			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) DE ARCK ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Thomas				14. MOTHER'S MAIDEN NAME Susan McDonald				
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.		17. INFORMANT Address Leo Thomas 4356 W. Bell Pl.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive 3rd degree burns with Broncho Pneumonia; Trachea Bronchitis, suffered in fire of undetermined origin in home at #11 Westmoreland Place, about 7:56A:M May 16, 1958. DUE TO (b) ACCIDENT DUE TO (c) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) E916.016							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 1	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 12 Home St. Louis, Mo.					
20c. TIME OF INJURY Hour Month, Day, Year 7:56A: m. 5-16-1958			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY 000		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:5 P: m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deceased's name) Paul M. Smith					22b. ADDRESS 300 Clark		22c. DATE SIGNED 6-2-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
Removal, 6-6-58		6-6-58	Washington Park			County MO		
24. FUNERAL DIRECTOR Gus Lowe 2930 Dickson St				25. DATE RECD. BY LOCAL REG. 6-2-58		26. REGISTRAR'S SIGNATURE Paul Smith MO		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Use only black ink or ribbon typewrite if possible.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

65811

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leroy U. Gamm*  
Licensed Embalmer No. 45

P. O. Address 4257 W

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.