

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020216
STATE FILE NUMBER
5798

DECEASED JUN 13 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 5798

1. PLACE OF DEATH a. COUNTY <i>MO</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hon. St. Philips</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2511 Glasgow</i>
3. NAME OF DECEASED (Type or print) First <i>Wanda</i> Middle Last <i>Thomas</i>		4. DATE OF DEATH Month <i>6</i> Day <i>1</i> Year <i>58</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 18, 1953</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	9. AGE (In years last birthday) <i>4</i>
11. BIRTHPLACE (City and state or country) <i>St. Louis MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Shaman Doe</i>		13b. MOTHER'S MAIDEN NAME <i>Mammie Martha</i>	
14. NAME OF HUSBAND OR WIFE <i>NONE</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>Mammie Thomas, 2511 Glasgow</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>1. Fracture of skull; subdural hemorrhage of brain suffered when struck by ball operated by one O.C. Farrell in front of about 2513 Glasgow Ave about 9:25 PM</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>operated by one O.C. Farrell in front of about 2513 Glasgow Ave about 9:25 PM</i> DUE TO (c) <i>May 31, 1958 Accided</i>			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) <i>May 31, 1958 Accided</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <i>See above</i>	
20c. TIME OF INJURY Hour <i>9:25 PM</i> Month <i>5</i> Day <i>31</i> Year <i>58</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>20. street</i>	
20f. CITY, TOWN, OR LOCATION <i>St Louis</i>		COUNTY <i>MO.</i> STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M. Kelly, Licensed Embalmer</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>6-4-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>6 4 58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., MO.</i>	
24. FUNERAL DIRECTOR <i>A. H. Bueh</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 4 '58</i>	
ADDRESS <i>3506 Franklin</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

V. MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Leroy C. Gunnister*

Licensed Embalmer No. *4523*

P. O. Address *4251 Walnut*

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.