

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-009505

DO NOT WRITE ON THIS STUB

AMENDED FILED FEB 19 1963 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1567 STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 206			
3			
4 2			
5 1			
6			
7 1			
8 2			
9			
10			
11			
12 90-0			
13			
90	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH  
a. COUNTY Missouri b. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) 2837 Semple Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 2837 Semple Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Robert L. Thomas 4. DATE OF DEATH Month Day Year 2- 10- 63

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-14-96 9. AGE (last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min. 11 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur 10b. KIND OF BUSINESS OR INDUSTRY Unemployed 11. BIRTHPLACE (City and state or country) Homer Louisiana 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Monroe Thomas 13b. MOTHER'S MAIDEN NAME Josie ? 14. NAME OF HUSBAND OR WIFE Mable Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War 1 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Mable Thomas 4015 Cook Ave. Apt. 13

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary Thrombosis  
DUE TO (b) Arteriosclerosis  
DUE TO (c) 420.1  
INTERVAL BETWEEN ONSET AND DEATH 10yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT SUICIDE HOMICIDE    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-12-52 to 2-10-63 and last saw her alive on 2-7-63. Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Russell W. White, M.D. 22b. ADDRESS 1524 N. Santa h. St. Louis Mo. 22c. DATE SIGNED 2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-15-63 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) Jefferson Barracks (State) Mo.

24. FUNERAL DIRECTOR Atkins Bros. 3644 Finney Ave. ADDRESS 25. DATE RECD. BY LOCAL REG. FEB 13 1963 26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

**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 X. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.