

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018303

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

3853

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3825 S. COMPTON</u>
3. NAME OF DECEASED (Type or print) First <u>LOUIE</u> Middle <u>THOMAS</u> Last		4. DATE OF DEATH Month <u>APRIL</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 28 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SOUTHERN EQUIPMENT</u>	9. AGE (last birthday) <u>66</u>
13a. FATHER'S NAME <u>ALOIS THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA GUMHOLD</u>	11. BIRTHPLACE (City and state or country) <u>AUSTRIA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH THOMAS</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>ELIZABETH THOMAS 3825 S. COMPTON</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subdural Hemorrhage; Fracture of the occiput, contributing cause - suffered when deceased fell at his home on April 3, 1963.</u>		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) <u>accident</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>See above</u>	
20c. TIME OF INJURY Hour <u>?</u> Month, Day, Year <u>4-3-63</u> a.m. p.m.		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.) <u>16 Home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death, occurred at <u>300</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Nelson D. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Ave.</u>	
22c. DATE <u>4-4-63</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>APRIL 5, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	
24. FUNERAL DIRECTOR <u>Thomas Kuttie 2906</u>		25. DATE RECD. BY LOCAL REG. <u>APR 4 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Coal Smith, M.D.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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BY AFFIDAVIT OF

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 *T.A. Hernandez*

Licensed Embalmer No. 4772

P. O. Address 2906 Hawaii

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.

Coroner Paul

