

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16626

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo**

(No. **West Lo Hospital 3449 Pine**)

File No.

Registered No. **4525**

St.

Ward)

2. FULL NAME **Buck Thomas**

(a) Residence. No. **4380 St. Louis Ave** 11 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **12** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Emma Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 10th 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
65	1	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)

Mississippi

10. NAME OF FATHER

Abner Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY)

Mississippi

12. MAIDEN NAME OF MOTHER

Hattie Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY)

Mississippi

14.

INFORMANT

(Address)

**Emma Thomas
4380 St. Louis Ave.**

15.

MAY 17 1927

FILED

Martha Starckoff
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 11 1927**

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1927, to May 11, 1927, that I last saw him alive on May 11, 1927, and that death occurred, on the date stated above, at 12:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
137
1366 **101a**
109 (duration) yrs. mos. **6** ds.

CONTRIBUTORY (SECONDARY) acute retention of urine and prostatic hypertrophy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH. **yes** DATE OF **April 11, 1927**

WAS THERE AN AUTOPSY..... **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **W B Christian**, M. D.

May 14, 1927 (Address) **117 Jefferson**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Washington Park.

DATE OF BURIAL

May 16th 1927

20. UNDERTAKER

A. L. Beal

ADDRESS

7126 Lucas Ave.

COPY WITH WRAPPING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

