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

Do not use this space.

22460

File No. 6656

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo (No. 3314 9 Miami St. St. Ward)

2. FULL NAME Arthur B. Thomas

(a) Residence. No. (Usual place of abode) St., 16 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident give city or town and State) How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Odelia Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	2	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Big Four R. R.

9. BIRTHPLACE (CITY OR TOWN) Covington (STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER August Thomas

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

12. MAIDEN NAME OF MOTHER Julia Clarkson

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

14. INFORMANT Odelia Thomas (Address) 3314 9 Miami St

15. FILED JUN 25 1928 Mary E. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928, to June 25, 1928, that I last saw h[illegible] alive on June 23, 1928, and that death occurred, on the date stated above, at 11:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: [illegible]

Mitral and Aortic Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Pulmonary Oedema

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? [illegible] place of death

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Heart & Lungs Autopsy

(Signed) W T Hunter, M. D

6/25, 1928 (Address) 3500 N Grand

*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 S. S. Peter and Paul — DATE OF BURIAL June 26 1928

20. UNDERTAKER W. J. Robert — ADDRESS 1905 S Grand Blvd

WRITE PLAINLY, WITH UNFADING 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.

V. S. No. 2.