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.

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

Do not use this space.

38534

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1002

City St. Louis (No. City Hospital St. ..... Ward)

File No. .....

Registered No. 11154

2. FULL NAME Matt Thomas

(a) Residence. No. 3109 Rutgers St. 18 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 — 1848

7. AGE: Years 80 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Telephone Exchange

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: John Thomas

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

12. MAIDEN NAME OF MOTHER: Catherine Unknown

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

14. INFORMANT: Hospital Informer

(Address): City Hospital

15. FILED: Nov 15 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1928, to Nov 14, 1928, that I last saw her alive on Nov 14, 1928, and that death occurred, on the date stated above, at 8:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Secondary malignancy in Lung
Primary focus unknown
49 B
16 B Senility (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Lung (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? R Berg

(Signed) ..... M. D

11/14, 1928 (Address) City Hospital

*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: Cape Gerardeau Mo

DATE OF BURIAL: Nov 15 1928

20. UNDERTAKER: E. J. Schnur

ADDRESS: 3125 Lafayette

Thomas