

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

Do not use this space.

42959

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 5800) arsenal St. Hospital Ward)

File No.....
Registered No. **12760**

2. FULL NAME

ada Thomas
(a) Residence. No. 5800 arsenal St. Hospital Ward 13
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 69 yrs. 69 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 8 1868</u>		
7. YEARS <u>69</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Unknown</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u>		
(c) Name of employer <u>Unknown</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>		
10. NAME OF FATHER <u>?</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>?</u> (STATE OR COUNTRY) <u>Unknown</u>		
12. MAIDEN NAME OF MOTHER <u>?</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>?</u> (STATE OR COUNTRY) <u>?</u>		
14. INFORMANT <u>Mrs. Effinger</u> (Address) <u>5800 Arsenal</u>		
15. FILED <u>DEC 30 1929</u> <u>Wm C. Starnes</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-1 1929, to 12-14 1929, and that I last saw him alive on 12-13 1929, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

CONTRIBUTORY (SECONDARY) syphilis (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED ? (duration) ? yrs. 0 mos. 0 ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Belk Kuebler, M. D.
12-16, 1929 (Address) 5600 Arsenal

*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 DATE OF BURIAL 12/14/29

20. UNDERTAKER W. Belcher ADDRESS 3500 Rutger

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.

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