

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo* (No. *2219 1/2 Franklin Ave*) St. *Carle* (Ward)

File No. **13124**
Registered No. **3197**
St. *Carle* (Ward)

2. FULL NAME

Edward Lee Thomas Jr
(a) Residence, No. *2219 1/2 Franklin* St., *21* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1925-6-17*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 9 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

MOTHER FATHER
13. NAME *Edward Lee Thomas*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alabama*

15. MAIDEN NAME *Maria Madison*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington Mo*

17. INFORMANT (ADDRESS) *Edward Lee Thomas*
2219 1/2 Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *March 31 1936*

19. UNDERTAKER (ADDRESS) *A. L. Bell & Sons Co*
736 Lucas

20. FILED *MAR 24 1936* *J. P. Predeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 20* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *March 10* 19*36*, to *March 20* 19*36*.

I last saw him alive on *March 20* 19*36*. Death is said

to have occurred on the date stated above, at *12* m.

The principal cause of death and related causes of importance were as follows:

Appendicitis
Date of onset *3-8*

Other contributory causes of importance:

Name of operation *Cholecystectomy* Date of *20*
What test confirmed diagnosis *Cholecystectomy* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *James T. Aldrich*

(Signed) *James T. Aldrich* M. D.
(Address) *St. Louis Mo*

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.

