

FEB 25 1937

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

Do not use this space.

1542

## 1. PLACE OF DEATH

County JacksonRegistration District No. 391

File No. \_\_\_\_\_

Township 3rd Mo.Primary Registration District No. 1002

Registered No. \_\_\_\_\_

City St. Louis (No. General Hosp #21 St. 3rd Ward)

## 2. FULL NAME

(a) Residence, No. 616 E. 24th St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Lula B. Thomas  
(OR) WIFE OF \_\_\_\_\_6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-18757. AGE YEARS 63 MONTHS 11 DAYS 1  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Hosp #210. Date deceased last worked at this occupation (month and year) 1-1-193711. Total time (years) spent in this occupation 6 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Record Clerk18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn DATE Jan 20 193719. UNDERTAKER (ADDRESS) Nathan W. Thatcher  
1520 W. 5th St.20. FILED Jan 20 1937 M. M. Corwin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16 193722. I HEREBY CERTIFY, That I attended deceased from 1-12 1937, to 1-16 1937I last saw him live on 1-16 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Chronic Myocarditiswith decompensation

Other contributory causes of importance:

Acute Pulmonary Edema

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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, at home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. A. Thomas M. D.(Address) General Hosp #2

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.

