

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.

FEB 23 1937

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

Do not use this space. *W*

4493

1. PLACE OF DEATH
96 County St. Louis Registration District No. 1170 File No. 4493
7 Township Jefferson Primary Registration District No. 6248-H Registered No. 20
7 City Richmond Heights (No. 7905 Jones Ave., Richmond Heights 2 Ward)

2. FULL NAME Joe Thames
(a) Residence, No. 7905 Jones Ave., Richmond Heights Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 7 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2
13. NAME Andrew Thames
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT Flossie Thames - wife
(ADDRESS) 7905 Jones Ave., Richmond Heights

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson Cem. DATE 1-19 1937

19. UNDERTAKER Riley Undertaking Co.
(ADDRESS) 7931 Jones Ave., St. Louis

20. FILED Jan. 18 1937 Sau A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1936, to Jan 12, 1937.
I last saw him alive on November, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Chronic myo condition
endocarditis - vegetation?
Pleural effusion - rt.
Date of onset 11/12/37
1933
1932?
July 1936

Other contributory causes of importance:
Chronic eczematoid dermatitis

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) Sam R. Dant M. D.
(Address) 1250 S. Big Bend

