

REC'D JUL 12 1938

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

19923

Do not use this space.

5062

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **ST. LOUIS, MO** (d) Street No. **2986 CARR** St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN THOMAS **520**
(a) Residence, No. **2936 CASS AVENUE** St. **21** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 4-1898**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 **1** **23**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **LABORER**
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) **WEST. POINT MISS.**13. NAME **GUS THOMAS**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISS.**15. MAIDEN NAME **LUCY PETERSON**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISS.**17. INFORMANT (ADDRESS) **MARY THOMA**18. BURIAL, CREMATION, OR REMOVAL PLACE **PARK WASHINGTON** DATE **5/2**, 19**38**19. FUNERAL DIRECTOR (ADDRESS) **EMMER F. PETTIB**
3030 BENTLEY AVE.20. FILED **JUN 2 1938** **J. D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 27**, 19**38**22. I HEREBY CERTIFY, That I attended deceased from **2-10**, 19**38**, to **5-27**, 19**38**I last saw him alive on **5-26**, 19**38** Death is said to have occurred on the date stated above, at **1804** m.

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

Acute Dilatation of Heart.
Chronic Myocarditis

Other contributory causes of importance:

Colitis ABC

Name of operation **none** Date of What test confirmed diagnosis? **clinical** there an autopsy? **no.**23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury **none**, 19**38**Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. **none**

Manner of injury Nature of injury

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

(Signed) **Robert M. Scott**, M. D. (Address) **2839 1/2 Billson, St.**

STATEMENT BY LICENSED EMBALMER

I, Chas. Garner, Licensed Embalmer No. 2349

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Chas. Garner
Licensed Embalmer No. 2349

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)