CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1938

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

731

30598
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis Mo (d) Street No. Barnes Hospital 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1008

Primary Registration District No. 538

Registered No. 8035

2. PRINT FULL NAME John Thomas

(a) Residence, No. 2605 Olive St. 21

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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) Unknown

7. AGE: Years 43? Months Days If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1938

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Greece

FATHER

13. NAME Unknown Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Greece

17. INFORMANT (ADDRESS) Thomas George 7700 Landsdowne

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE Sept. 12, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 429 N. Euclid Ave.

20. FILED SEP 12 1938 J. P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1938, to 9-9, 1938

I last saw him alive on 9-9, 1938. Death is said to have occurred on the date stated above, at 9:15 A.m.

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

Date of onset

Carcinoma of Stomach Primary

" of Peritoneum, "

metastatic

Bronchopneumonia, terminal

Other contributory causes of importance:

46B

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) F. R. Bradley, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

8035

8035

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.