

REGD MAR 1 3 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

4316
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **1009**
 (c) City St. Louis, Mo. (d) Street No. City Infirmary St.
 (e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 William Thomas
 (a) Residence, No. 5800 Arsenal St. 13
 (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 Colored 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) unk? 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
abt. 69

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Geo. Thomas
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

MOTHER 15. MAIDEN NAME Erna Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Ky.

17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 1-31-39

19. FUNERAL DIRECTOR (ADDRESS) W. Richter - 3500 Rutledge

20. FEB 1 1939 J. B. Briden Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sep. 15, 1932, to Jan. 30, 1939

I last saw him alive on Jan. 30, 1939 Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Chronic Myocarditis

Other contributory causes of importance:

Isolated Epilepsy

Name of operation None Date of.....
 What test confirmed diagnosis? Post. & P.E. 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) George M. Pike M. D.
 (Address) 5800 Arsenal St.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

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.)