

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

4618
 Do not use this space.

DECD MAR 13 1939

791
 1003

1. PLACE OF DEATH

(a) County St Louis, MO Registration District No. 1
 (b) Township _____ Primary Registration District No. _____ Registered No. 1311
 (c) City ST LOUIS, MO (d) Street No. 6024 KINGSBURY AVE 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

EMILE THOMAS
 (a) Residence, No. 6024 KINGSBURY BLVD St. 5
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HELEN TRAVILLA
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 18-1893
 7. AGE YEARS 65 MONTHS 3 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 13 1938 to Feb 9 1939
 I last saw him alive on Feb 7 1939. Death is said to have occurred on the date stated above, at 6:10 AM
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN
 9. Industry or business in which work was done, as saw mill, bank, etc. FRANKLIN LIFE INS
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

Date of onset 1936
Carcinoma
Prostate Rectum etc
Primary seat prostate

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

Other contributory causes of importance:
51
(at same Hospital)
 Name of operation Prostatectomy Date of 1937
 What test confirmed diagnosis? Microscopic Was there an autopsy? No

FATHER 13. NAME EMILE THOMAS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALSACE LORAIN

MOTHER 15. MAIDEN NAME MARGARET BRENNAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) Mrs Helen Thomas
6024 Kingsbury Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE FEB. 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L MULLEN UND CO
5165 DELMAR BLVD.

20. FILED FEB 10 1939 J. F. Budick
 Local Registrar

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) Geo B. Vinger M. D.
 (Address) 2442 Bradens Ave

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 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.....

Howard J. Rowland

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

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.)

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