

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X 12004

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.

96
JUL 12 1939

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

20936
Do not use this space.

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City..... St. Louis
 (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 William Thomas
 (a) Residence, No. 1524 Franklin St. 25
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Registration District No. 2
 Primary Registration District No. 1003
 Registered No. 5780

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1885
 7. AGE YEARS 54 MONTHS 1 DAYS 9
 If LESS than 1 day, hrs. or min.

OCCUPATION
 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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Tex
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 17. INFORMANT (ADDRESS) Margaret Gibson
1524 Franklin
Washington
 18. BURIAL, CREMATION, OR REMOVAL First District Park DATE 6/30 1939
Washington
 19. FUNERAL DIRECTOR (ADDRESS) Dowell Und. Co.
3506 Franklin Ave.
St. Louis
 20. FILED JUL 29 1939
J. B. Brubaker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 4:31 PM m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion (Thrombosis)
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

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) Joseph M. Quinn M. D.
 (Address) St. Louis

STATEMENT BY LICENSED EMBALMER

I, William C. McDowell, 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 William C. McDowell

Licensed Embalmer No. 2114

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.)