DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34335

Registration District No. 701 Primary Registration District No. Registrar's No. 8873

1. PLACE OF DEATH: 1003 NOV 13 1939

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community Two years

2. USUAL RESIDENCE OF DEACESED:

(a) State (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2738-A Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edgar Allen Thomas 520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 7 (Day) 1937 (Year)

8. AGE: Years 2 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Luther Thomas
13. Birthplace Osceola (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Louise Whitfield
15. Birthplace West Point (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Louise Thomas
(b) Address 2738 a Walnut St.

17. (a) (Burial, cremation, or removal) (b) Date thereof Oct 21/39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Metropolitan Funeral Home
(b) Address 3288 Dickson St

19. (a) OCT 18 1939 (Date received by registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14 year 1939 hour 7:40 minute P M.

21. I hereby certify that I attended the deceased from 10-12-, 1939 to 10-14-, 1939 that I last saw him alive on 10-14-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bacillary Dysentery	
Due to: Acidosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G E Peace (M. D. or other)
Address 2601 N. Whittier St. Date signed 10-16-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-30 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Arthur L. Heilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.