

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19511

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37248

Registration District No. 284

Primary Registration District No. 115

State File No. _____

Registrar's No. 1925

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town UNIVERSITY CITY

(c) Name of hospital or institution:
2058 LINDELL BLVD.

(d) Length of stay: In hospital or institution _____

In this community _____

USUAL RESIDENCE OF DECEASED:

(a) State MO.

(b) County St. Louis

(c) City or town UNIVERSITY CITY

(d) Street No. 7058 LINDELL BLVD.

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

3. (a) PRINT FULL NAME MELVIN ATWOOD THOMAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct. 30 day _____

year 1939 hour 6 minute 15 P.M.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AGNES WELLS

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased NOV. 25TH 1867

21. I hereby certify that I attended the deceased from _____, 1937, to Oct. 30, 1939; that I last saw him alive on Oct. 30th, 1939; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>21</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Thrombosis of the coronary artery

Due to arteriosclerotic heart disease

Due to arterio sclerosis

9. Birthplace KANSAS

10. Usual occupation OWNER

11. Industry or business CASE = THOMAS = MARSH

12. Name MATSON THOMAS

13. Birthplace KANSAS

14. Maiden name MARTIN COFFIN

15. Birthplace OHIO

16. (a) Informant's own signature James Thomas

(b) Address 2058 LINDELL BLVD.

17. (a) BURIAL

(b) Date thereof NOV. 2 1939

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Muller

(b) Address 5165 DELMAR BLVD.

19. (a) NOV 1 1939

Other conditions none

Major findings: Of operations no operation

Of autopsy not made

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place) _____

(a) Means of injury _____

23. Signature Frank J. Nicks

Address 3500 71 Grand

Date signed 11-1-39

Dr. F. J. V. Krebs

G. & T. Herbst

№ 1463

2.4 PM.

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 _____

John Kuttler

Licensed Embalmer No. _____

3880

P. O. Address _____

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.