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1-10-39
17-3944
X21892

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16949

State File No.

Registrar's No. 4427

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

John Thomas

520

3. (b) If veteran,
name war no

3. (c) Social Security
No. none

4. Sex Male

5. Color or
race Wht.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 24, 1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

23

hr. min.

9. Birthplace

St. Louis,
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

none

11. Industry or business

12. Name Joseph Thomas

13. Birthplace

St. Louis, Mo.
(City, town, or county)

(State or foreign country)

14. Maiden name

Lillian De Waele

15. Birthplace

Missouri
(City, town, or county)

(State or foreign country)

16. (a) Informant

Joseph Thomas

(b) Address

2001 A California

17. (c) Burial
(Burial, cremation, or removal)

(b) Date thereof May 18, 40
(Month) (Day) (Year)

(c) Place: burial or cremation

Lake Wood Park

18. (a) Signature of funeral director

W. B. Maydell

(b) Address

1926 Allen Ave.

19. (a) MAY 18 1940
(Date received local registrar)

(b) [Signature]
(Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis, Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. 2001 A California Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17,
year 1940 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from May
11, 1940 to May 17, 1940;
that I last saw him alive on May 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Long Abscesses caused by 1-2 wks.
Symbolical infection. Free term
Septicemia

Due to

Staph. Aureus - pathogenic

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

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?

While at work?

(Specify type of place)

23. Signature

C. E. Hunkeler
Address 515 Lafayette

Date signed 5/17/40

(Licensed Embalmer's Statement on Reverse Side)

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

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

Bert C. Durman

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.