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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4817

Registration District No. 7911 FEB MAR 25 1941

Primary Registration District No. 1003

Registrar's No. 1065

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

1. PLACE OF DEATH:

(a) County

(b) City or town S T. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MO. BAPTIST HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether

In this community 45 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3965 WESTMINSTER PLACE (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM D. THOMAS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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 MAY (Month) 20, (Day) 1875 (Year)

8. AGE: Years 65 Months 8 Days 11 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

10. Usual occupation RETIRED R.R. FREIGHT AGENT

11. Industry or business

FATHER
12. Name DAVID THOMAS
13. Birthplace WALES (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name ANN THOMAS (NEE THOMAS
15. Birthplace WALES (City, town, or county) 4 (State or foreign country)

16. (a) Informant SADIE THOMAS

(b) Address 3965 WESTMINSTER PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation BEVIER MO.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 2 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day FIRST year 1941 hour 5 minute 26 P.M.

21. I hereby certify that I attended the deceased from 1937 (May), 1937 to Feb 1, 1941 that I last saw him alive on Feb 1 (4 P.M.) 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage

Due to Hypertension

Due to

Other conditions Diabetes Melitus (Include pregnancy within 3 months of death) Hypostatic pneumonia

Major findings:
Of operations
Of autopsy

Duration

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 C. O. C. Max (M. D. or other)

Address University Club Bldg Date signed Feb 2 41

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.