No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5071

Registration District No. FILED MAR 25 1941

Primary Registration District No.

Registrar's No. 1319

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo

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

(c) Name of hospital or institution: BARNES HOSPITAL O (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Oakford (If outside city or town limits, write "RURAL") N R11

(d) Street No. O (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME JULIUS (~~[illegible]~~) THOMAS

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Sept. (Month) 3, (Day) 1904 (Year)

8. AGE: Years 36 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Oakford (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Samuel Thomas
13. Birthplace Oakford (City, town, or county) / Illinois (State or foreign country)

MOTHER
14. Maiden name Nellie Stone
15. Birthplace Oakford (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant Guy Thomas

(b) Address Oakford, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/9/41 (Month) (Day) (Year)

(c) Place: burial or cremation Oakford, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 9 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1941 hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from December 8, 1940, to February 8, 1941; that I last saw him alive on February 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, left.

Due to

Due to

Other conditions Cor villosum c̄ pericardial effusion (Include pregnancy within 3 months of death)

Major findings: Of operations Ca of rt. lung.

Of autopsy Bronchopneumonia, left + Cor villosum c̄ pericardial effusion

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 O

23. Signature Wesley A Barton (M. D. or other)

Address BARNES HOSPITAL Date signed

(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 J. Wm Bimbley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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, fact should be so stated above.