

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20556**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5368**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)
In this community Life (Specify whether 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. 3146 Rutger (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Dedman Jr.

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race N
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased March 8 1918
(Month) (Day) (Year)

8. AGE: 23 Years Months 3 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Thomas Dedman

13. Birthplace Ark. (City, town, or county) (State or foreign country)

14. Maiden name Mary?

15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Florence A. Spotts

(b) Address Homer Phillips Hospital

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 6-20-41
(Month) (Day) (Year)

(c) Place: burial or cremation Woodspring

18. (a) Signature of funeral director W. R. Rabin

(b) Address _____

19. (a) JUN 30 1941 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th.
year 1941 hour 8:04 minute P. M.

21. I hereby certify that I attended the deceased from May 22nd. 1941 to June 11th. 1941
that I last saw him alive on June 11 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 6-8 M.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Edith C. Burdick (M. D. or other) _____

Address 2801 N. Whittier Date signed 7/15/41

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

17
9

100
17

18

Duration

6-8 M.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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, fact should be so stated above.