

No. 2
-13-40
-17-39
X23159

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3219 Dakota.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 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. 3219 Dakota St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 50 Years. years.

3. (a) PRINT FULL NAME George H. Thomas.

3. (b) If veteran, name war No. 3. (c) Social Security No. 489-12-5096

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Thomas. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 21 1868.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Kingston, Canada. H
(City, town, or county) (State or foreign country)

10. Usual occupation Motorman.

11. Industry or business S. P. S. Co.

12. Name George Thomas.

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

14. Maiden name Unknown.

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

16. (a) Informant Elizabeth Thomas.

(b) Address 3219 Dakota St.

17. (a) Burial. (b) Date thereof 7-10-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Wood Park Cem.

18. (a) Signature of funeral director Hy. Leidner Ind. Co.

(b) Address 2223 St. Louis Ave.

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

20. DATE OF DEATH: Month July day 7 year 1941 hour 9:15 A. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 3, 1941 to June 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration

Due to: Coronary occlusion

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Marty Schetty (M. D. or other) D
Address 3901 Park Ave. Date signed 7/9/41

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

0
7
9

22

0-0
17
9
15

10000

St. Hyland
3961 a Park and
8-12 a.m

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 Donner L. Ponder

Licensed Embalmer No. 3367

P.O. Address 2223 St. Louis

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.