

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: **Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo 5 das**  
(Specify whether years, months or days) **2 years 0**

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. **3907 Page**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2**  
year **1941** hour **1:20** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **June 27**, 19**41**, to **August 2**, 19**41**, that I last saw her alive on **August 2**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death  
**Fecal Fistula**  
**Inanition**

Duration

**8 wks**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **W.E.A. Ford** (M. D. or other) **0**  
Address **2601 N Whittier** Date signed **8-5-41**

3. (a) PRINT FULL NAME **James H Thomas**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **unknown**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased **June 2-1913**  
(Month) (Day) (Year)

8. AGE: Years **28** Months **2** Days **0**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ark 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Filling Station Attendant**

11. Industry or business **Gasoline Station**

12. Name **Henry Thomas**

13. Birthplace **Ark 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Bessie Koober**

15. Birthplace **ARK 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Brown**

(b) Address **3907 A Page Blvd**

17. (a) **Burial** (b) Date thereof **Aug 9-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Atkins Bros and Co**

(b) Address **3644 Finney Ave**

19. (a) **AUG 9 1941** (b) **J.H. Reddock**  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
195-03-1840

00  
17  
9

**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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

**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.**