

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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..... **1 mo. 3 days**
(Specify whether
In this community..... **25 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No..... **4219 West Belle**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Nov. 19,** day..... **1941**
year..... hour..... minute..... **7** minute..... **55 A. M.**
21. I hereby certify that I attended the deceased from..... **October 16, 1941**
....., 19....., to..... **November 19, 1941**
....., 19.....
that I last saw h..... alive on..... **November 19, 1941**....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Brônchopneumonia.....
Duration.....
Unk.

Due to..... **Diffuse Toxic Thyroid (P.O.)**.....

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?

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

23. Signature..... **W. E. A. Ford**..... (M. P. or other)..... **11-21-41**
Address..... **2601 Whittier**..... Date signed.....

3. (a) PRINT FULL NAME..... **Imogene Thomas**

3. (b) If veteran, name war..... (c) Social Security No. **489-20-9294**

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

6. (b) Name of husband or wife..... **Jim Thomas** 6. (c) Age of husband or wife if alive..... **abt. 48** years

7. Birth date of deceased..... **Feb. 22nd,** (Month) (Day) (Year) **1907**

8. AGE: Years..... **34** Months..... **8** Days..... **27** If less than one day hr. min.

9. Birthplace..... **Fulton Arkansas** (City, town, or county) (State or foreign country)

10. Usual occupation..... **Cook**

11. Industry or business.....

12. Name..... **William Webster**

13. Birthplace..... **Fulton Arkansas** (City, town, or county) (State or foreign country)

14. Maiden name..... **Harriet Walker**

15. Birthplace..... **Columbus Arkansas** (City, town, or county) (State or foreign country)

16. (a) Informant..... **Gertrude Patterson**

(b) Address..... **4219 West Belle Place.**

17. (a) **Removal** (b) Date thereof..... **11-23-1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Texarkana, Arkansas**

18. (a) Signature of funeral director..... **Chas. J. Gates**

(b) Address..... **4107 Finney Ave. St. Louis.**

19. (a) **NOV 21 1941** (b) **J. F. Brudeck** (Date received and local certified) (Registrar's signature)

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

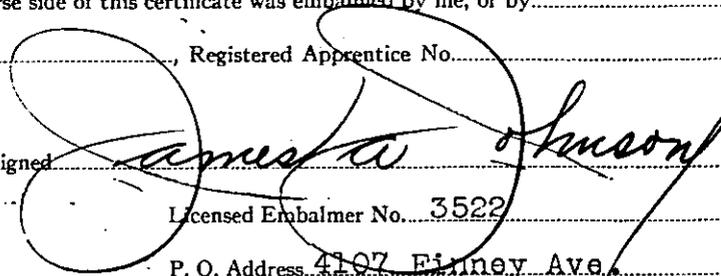
Handwritten initials or marks at the bottom left corner.

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed



.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.