. S. No. 2
M—1-4-41
. 5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 938 500

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 3414 Franklin Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 Yrs.

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. 3414 Franklin Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Thomas
3. (b) If veteran, name war None
3. (c) Social Security No. 493-09-3459
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Thomas
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased June 25, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	18	hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Scullins Steel Co.
FATHER 12. Name Unknown
FATHER 13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Hattie Thomas
(b) Address 3414 Franklin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Illinois
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3547 Laclede Ave.
19. (a) JAN 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1942 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Intestinal Neoplasm	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M.D. or other)
Address Date signed 1/16/42

(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 A. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Locke de 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.