

FILED APR 8 1942
Registration District No. 791

Primary Registration District No. 100

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: ST. MARY'S INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1020 (Near N 13th Street)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from March 10, 1942 to March 11, 1942
that I last saw him alive on March 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis
Due to chronic myocarditis

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 J. F. Pudich (M. D. or other) _____
Address 823 N. 16th St Date signed 3/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME TOM THOMAS

3. (b) If veteran, name war World's War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Leatha Thomas 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased: (Month) 8 (Day) 19 (Year) 1903

8. AGE: Years 38 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace West Point Miss (City, town, or county) (State or foreign country)

10. Usual occupation waiter

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Thomas
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Nancy Terry
15. Birthplace West Point Miss (City, town, or county) (State or foreign country)

16. (a) Informant Son (b) Address 1020 (Near N 13th St)

17. (a) Removal (b) Date thereof 3-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation West Point Miss

18. (a) Signature of funeral director Mary Stade

(b) Address 4202 J. F. Pudich Ave

19. (a) MAR 14 1942 (Date received local registrar) (b) J. F. Pudich (Registrar's signature)

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

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

Licensed Embalmer No. *269*

P. O. Address. *27th Street*

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.