

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town
(c) Name of hospital or institution City Sanitarium
(d) Length of stay: In hospital or institution 3 yrs. 1 mo. 9 days
In this community About 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 006
(c) City or town St. Louis 24 17
(d) Street No. 3617 So. Broadway
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANTON THOMAS

3. (b) If veteran, name war - 3. (c) Social Security No. 498-10-7215

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased Oct. 7, 1895 (Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation W.P.A. Worker

11. Industry or business

12. Name Mathias Thomas
13. Birthplace Putnam County, Ohio
14. Maiden name Louise Demay Thomas
15. Birthplace Unknown MO

16. (a) Informant City Sanitarium (b) Address City Sanitarium Records

17. (a) Burial (b) Date thereof July 9 1942 (c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Peetz Brothers (b) Address 3029 Lafayette Ave

19. (a) JUL 8 1942 (b) J. F. Prudek (c) (Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1942 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Jul 3, 1942 X

Due to Other conditions; Senility & Syphilis.

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Stanley J. Nemecek M.D. (M. D. or other) Address Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

12 08 7 11

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.....

James J. Quinn

Licensed Embalmer No.....

2245

P. O. Address.....

St. Louis, Mo

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.