S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 1997 35984

Registrar's No. 9996

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: 4242 West Belle Place
(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 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12
(c) City or town St. Louis 9 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4242 West Belle Pl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --0

3. (a) PRINT FULL NAME Thurston Thomas

3. (b) If veteran, name war --

3. (c) Social Security No. 489-01-4962

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Thomas

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 25, 1893 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation General Hauling

11. Industry or business Self

MOTHER FATHER

12. Name Henry Thomas

13. Birthplace Columbia (City, town, or county) Tennessee (State or foreign country)

14. Maiden name

15. Birthplace Columbia (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Julia Thomas
(b) Address 4242 West Belle Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) NOV 30 1942 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th. year 1942 hour 7.00 minute p. M.

21. I hereby certify that I attended the deceased from September 25, 1942 to November 27th, 42 that I last saw h. 1m alive on November 27th., 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 hrs.
Due to Pulmonary Tuberculosis	3 mths.
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 [illegible] (M. D. or other)
Address # 11 N. Jefferson Ave. Date signed 11-29-42

(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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed. William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor 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.