

FILED DEC 10 1942  
Registration District No. 1784

Primary Registration District No. 115

Registrar's No. 2351

96  
533  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
residence-415 Westgate Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 415 Westgate Avenue  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS CLAUDE SKEEN

3. (b) If veteran, name war None 3. (c) Social Security No. 487-12-0770

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

6. (b) Name of husband or wife Benedette Moore Skeen 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 26 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Cass County Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Executive Representative

11. Industry or business Columbian Tank & Steel Co

12. Name Dr. F. A. Skeen

13. Birthplace Coweta Co. Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Wahatty

15. Birthplace unknown Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Benedette M. Skeen

(b) Address 415 Westgate Ave., St. Louis

17. (a) burial (b) Date thereof 11-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis

19. (a) NOV 10 1942 (b) C. H. Merriam  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th  
year 1942 hour 2:00 minute P.

21. I hereby certify that I attended the deceased from Nov 9  
19\_\_\_\_ to \_\_\_\_\_

that I last saw him alive on Nov 9 - called to  
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis

Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions 9321  
(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?  
\_\_\_\_\_

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

23. Signature W. B. K... D (M. D. or other)

Address 4500 Olive St Date signed 11/10/42

Dr. William B. Kountz  
Lister Building  
4500 Olive Street  
FO-3800

2-4 P. M.

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**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... *Bradford A. Miles*  
Licensed Embalmer No. *2901*  
P. O. Address *University City -*

**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.**