

REG. FEB 4 1943

318

Primary Registration District No. 1003

Registrar's No. 929

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **3 Days**
 In this community..... **3 weeks**
 years, months or days

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. **1421 Hogan St.**
 (If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Harry Thomas**
 3. (b) If veteran, name war..... **Unknown**
 3. (c) Social Security No..... **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **24**,
 year..... **1943** hour..... **1:50** minute..... **P.** M.
 21. I hereby certify that I attended the deceased from **January 22**, 19**43**, to **January 24**, 19**43**
 that I last saw him... alive on..... **January 24**, 19**43**
 and that death occurred on the date and hour stated above.

4. Sex..... **Male** 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Single**
 6. (b) Name of husband or wife..... **Single** 6. (c) Age of husband or wife if alive..... **Single** years
 7. Birth date of deceased..... **November 16, 1900**
 (Month) (Day) (Year)

Immediate cause of death..... **Essential asthma**
 Duration

8. AGE: Years Months Days If less than one day
42 2 8 hr. min.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

9. Birthplace..... **California**
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... **Odd Jobs**
 11. Industry or business..... **Unknown**

Major findings:
 Of operations.....
 Of autopsy..... **not obtainable**
 PHYSICIAN

MOTHER FATHER
 12. Name..... **James Thomas** **California**
 13. Birthplace..... (City, town, or county) (State or foreign country)
 14. Maiden name..... **Clara Ritchie** **Unknown**
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... **Ann P. Morrison**
 (b) Address..... **St. Louis City Hospital**

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?

17. (a) Place: burial or cremation..... **St. Louis**
 (b) Date thereof..... **1-26-43**
 (c) Signature of funeral director..... **W. K. ...**
 (b) Address..... **3500 Cuttyhunk**
 19. (a) **JAN 29 1943** (b) **J. F. ...**
 (Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place)
 (c) Means of injury.....
 23. Signature..... **P. ...** (M. D. or other)
 Address..... **1515 Lafayette Avenue**, Date signed..... **1/25/43**

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

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.....

P. O. Address.....

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.