

FILED FEB 10 1943

Registration District No. **10** Primary Registration District No. **10**

96
Wife

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3222 Calvert Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edwin Thomas

3. (b) If veteran, name war NO 3. (c) Social Security No. 494-07-4185

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife MATHILDA THOMAS 6. (c) Age of husband or wife if alive ABOUT 48 years

7. Birth date of deceased JULY 1 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation MAINTENANCE MAN

11. Industry or business IRON WORKS

MOTHER, FATHER

12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MATHILDA THOMAS

(b) Address 3222 CALVERT AVE.

17. (a) BURIAL (b) Date thereof 1-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Ortwin J. Zinner
(b) Address 9222 Roseland Rd.

19. (a) JAN 28 1943 (b) C. G. McQuinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1943 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Inquest pending.
Natural causes, due to laceration of skin of rt. eye and aortitis (syphilitic) due to with marked narrowing of rt. cor. ostia: extensive fibrosis of myo. acute cardiac failure.

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy yes
James Edwin Thomas

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? _____

23. Signature Louis B. Baker
Kirkwood (Specify type of place) (e) Means of injury _____
Address _____ Date signed 1-26-43

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

1-28-43

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

Walter G. Burnley

Licensed Embalmer No. *4202*

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.