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FILED JUL 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20083

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5820

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4425 Cottage 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 Unavailable
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 2

(c) City or town Saint Louis, 1 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4425 Cottage Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME JOHN THOMAS

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

3. (c) Social Security No. 329-10-5452

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 15, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	8	-- hr. -- min.

9. Birthplace Batesville, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler Cleaner

11. Industry or business Hunter Packing Co.

FATHER
12. Name Ed Thomas
13. Birthplace Batesville, Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susie
15. Birthplace Batesville, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Thomas
(b) Address 4425 Cottage Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

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

19. (a) JUN 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23, (1943)
year 1943 hour 3: minute 45 p. M.

21. I hereby certify that I attended the deceased from June 3, 1943, to June 23, 1943
that I last saw him alive on June 22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial insufficiency	8 wks
Due to myocardial infarction	8 wks
Due to coronary thrombosis	8 wks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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 J. Jean (M. D. ~~or other~~) M.D.
Address 640 So. Kingshighway Date signed 6-25-43

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.