

S. No. 2
 OM-243
 5-17-39
 -1 X3509

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23585**
6804
 Registrar's No.

FILED AUG 7 1943

Registration District No. **218** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL")
 (d) Street No. 2520 Belleglade (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William A. Thomas

3. (b) If veteran, name war none, 3. (c) Social Security No. ?

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

6. (b) Name of husband or wife Henrietta E. Thomas, 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 21st 1868.
 (Month) (Day) (Year)

8. AGE: Years 74, Months 10 Days 2 If less than one day hr. min.

9. Birthplace Blind 21 yrs. St. Louis, Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Yard-man,
domestic,

11. Industry or business _____

12. Name Mike Thomas,

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

14. Maiden name Silva Larkins,

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

16. (a) Informant Elizabeth Thomas

(b) Address 2520 Belleglade, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43.
 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery,

18. (a) Signature of funeral director J. J. Sneed
 (b) Address 3615-17 Benton

19. (a) JUL 23 1943 (Date received local registrar) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23.
 year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 19,
1943 to July 23,
1943 that I last saw him alive on July 23,
1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Congestive Heart Failure
Hypertension (arterial)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

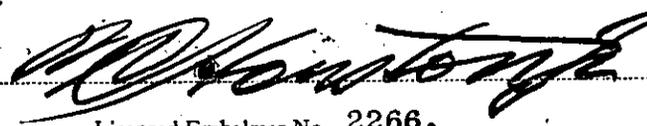
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. E. Smith (M. D.)
 Address 2601 Whittier Date signed 7/28/43

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

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.....
..... **Myself.** Registered Apprentice No.....
working under my personal supervision.

Signed..... .....

Licensed Embalmer No. **2266.**

P. O. Address **2812, Thomas, St Louis, Mo.**

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.