

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

7276

FILED AUG 23 1943 1318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County...
(b) City or town... Saint Louis, Missouri
(c) Name of hospital or institution: Enroute Homer G. Phillips Hospital
(d) Length of stay: 19 years
In this community 19 years

3. (a) PRINT FULL NAME JESSE THOMAS, JR.

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

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

6. (b) Name of husband or wife Bertha Thomas 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased October 6, 1921

8. AGE: Years Months Days If less than one day
21 10 1 --- hr. --- min.

9. Birthplace Gadston, Alabama

10. Usual occupation Dining Car Waiter

11. Industry or business New York Central R. R.

12. Name Jessie Thomas

13. Birthplace Cottage Grove, Alabama

14. Maiden name Sallie Harden

15. Birthplace Good Water, Alabama

16. (a) Informant Sallie Thomas

(b) Address 1311 North Prairie

17. (a) Burial (b) Date thereof 8/13/43

(c) Place: burial or cremation Washington Prk. Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) AUG 12 1943 (b) J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...
(c) City or town... Saint Louis
(d) Street No. 1311 North Prairie
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1943 hour 10:40 minute --- P. A. M.

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

Immediate cause of death Internal hemorrhage of gunshot wound of left chest, fatal heart at the lungs
Due to one Samuel Taylor, Sr. at Compton and Lawton Blvd. about 10:30 p.m. Aug 7 1943

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) Homicide
(b) Date of occurrence Aug 7 1943
(c) Where did injury occur? St. Louis
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
While at work? no (Specify type of place) _____ (e) Means of injury Gunshot
23. Signature Thomas J. Callaway (M. D. or other) _____
Address 101307 1/2 Finney Avenue Date signed 8/12/43

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

1408

MOTHER FATHER

844

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.