S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39232

FILED DEC 11 1943

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 2697

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
D O A at Station Hospital, Jefferson Bks, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - (Specify whether
In this community Two (2) Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

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

(d) Street No. 1424 Missouri Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME RUSSEL RUBE THOMAS

3. (b) If veteran, name war World War II

3. (c) Social Security No. 489-05-4817

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Naomi G Thomas

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

7. Birth date of deceased September (Month) 6 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	2	28	- - hr. - - min.

9. Birthplace Sikeston (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Soldier (Private)

11. Industry or business United States Army

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Service & Clinical Records
(b) Address Sta Hosp, Jefferson Bks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 7 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Louis H Bapp Inc
(b) Address 1310 Regency Dr. Kirkwood Mo.

19. (a) DEC - 7 1943 (Date received local registrar) (b) E. G. McGavran, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Fourth year 1943 hour 5:25 minute A M.

21. I hereby certify that I attended the deceased from Soldier was dead on arrival at this, 19 ; that I saw the deceased alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Generalized Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 OA

Of autopsy Confirmed Above.

Duration

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 William G Bernhard, Maj MC (M. D. or other) MD
Address Sta Hosp, Jefferson Bks, Mo. Date signed 4 Dec 1943

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1944

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood Missou

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.