

FILED DEC 22 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11

(c) City or town St. Louis 96  
(If outside city or town limits, write "RURAL")

(d) Street No. 1621 SEMPLE AVE.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Read

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edith Read

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

7. Birth date of deceased: Oct. 9, 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mexico Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - R. R. Man.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Read

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

14. Maiden name Unknown

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

16. (a) Informant R. Clifford Read

(b) Address 4878 Margaretta Ave.

17. (a) Remove (b) Date thereof Dec. 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo.

18. (a) Signature of funeral director Calvin G. Feutz Funeral Home

(b) Address 4823 Natural Bridge

19. (a) DEC 9 1943 (b) J. F. Brudach  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th  
year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from November 22nd, 19\_\_\_\_, to December 8th, 1943  
that I last saw h. im alive on December 8th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Subphrenic abscess

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Subphrenic abscess

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Franz U. Jaubert No. 2  
Address 1515 Lafayette Date 12/8/43

*is so-called  
- 1953. 163  
M.*

*Dec 1953  
John A. Melvin  
4186  
P.O. Address  
D.K. Me.*

**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 John A. Melvin  
Licensed Embalmer No. 4186  
P. O. Address D.K. Me.

**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.**