S. No. 2
OM—2-43
v. 5-17-39
I 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. 5813

FILED MAR 6 1944

Registration District No. 313 — Primary Registration District No. 1003 — Registrar's No. 1932

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 921 - North / Ewing Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community abt 5-wks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County 121

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

(d) Street No. 921 North Ewing Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Thomas Jr.

3. (b) If veteran, name war

3. (c) Social Security No. 1115

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 21 (Day) 1903 (Year)

8. AGE: Years 40 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Packard Motor Co

FATHER
12. Name John Thomas Sr
13. Birthplace (City, town, or county) Miss (State or foreign country)

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

16. (a) Informant Laura Thomas

(b) Address 921 N. Ewing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros Mng Co

(b) Address 3644 Finney Ave

19. (a) FEB 27 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Feb. year 1944 hour 12 minute 40 A M.

21. I hereby certify that I attended the deceased from 2-16, 1944 to 2-22, 1944 that I last saw him alive on Feb 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 W. A. Gartner (M. D. or other)

Address 3200 Lucas Ave Date signed 2/22/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.