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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15807  
State File No. \_\_\_\_\_  
Registrar's No. 958

FILED MAY 1 1944

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. 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:  
Veterans' Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Adm. Apr. 17, 1944  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME M O S S, Thomas  
3. (b) If veteran, name war SPAW 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased January 22, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>28</u>	hr. _____ min.

9. Birthplace Chicago, Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Fire Adjuster

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Unavailable  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace Unknown (City, town, or county) (State or foreign country)  
16. (a) Informant M. Schully Cl. Clk.,  
(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery, Jefferson Barracks Mo.  
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.  
(b) Address 7814 South Broadway, St. Louis, Mo.  
19. (a) APR 22 1944 (b) E. H. McIlvra, M.D.  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County - -  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Admiral Hotel, 2330 Olive St.  
(If rural, give location)  
(e) Citizen of foreign country? - - (Yes or No)  
If yes, name country - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th  
year 1944 hour 5:40 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from  
April 17, 1944 to April 20, 1944  
that I last saw him \_\_\_\_\_ alive on April 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death NEPHRITIS, CHRONIC, WITH NITROGEN RETENTION.  
Due to \* \* \*  
Due to - -

Other conditions DIABETES, MELLITUS.  
(Include pregnancy within 3 months of death)

Major findings: No operation  
Of operations \_\_\_\_\_  
Of autopsy No autopsy. bl

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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)  
(c) Means of injury \_\_\_\_\_  
23. Signature L. M. COCHRAN, LT. COL., M.C. (M. D. or other)  
Address CHIEF MEDICAL OFFICER. Date signed 4-20-44

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

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

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

aided by

Registered Apprentice No.

working under my personal supervision.

Signed:

*Harry J. Schumacher*

Licensed Embalmer No. 2679

P.O. Address:

*782 Zimay Street*

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.