. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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. 19182

FILED JUN 3 [redacted]

Registration District No. [redacted]

Primary Registration District No. 3069

Registrar's No. 1203

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7326 Arlington Ave.-residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7326 Arlington Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DAVID THOMAS

3. (b) If veteran, name war unknown

3. (c) Social Security No. 489-03-2798

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Katherine Thomas

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November (Month) 20 (Day) 1878 (Year)

8. AGE: Years 65 | Months 6 | Days 10 | If less than one day ___ hr. ___ min.

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

10. Usual occupation mine superintendent

11. Industry or business General Refractories Co.

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

MOTHER
14. Maiden name Ann Lewis
15. Birthplace Wales (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Katherine Thomas
(b) Address 7326 Arlington, Richmond Heights

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) MAY 31 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from April 1, 1944, to May 30, 1944, that I last saw him alive on May 29, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Carcinoma Left Lung	4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Septic Parotitis	1 wk

Major findings:
Of operations: Biopsy (Bronchoscopic) Undifferentiated type cell Carcinoma
Of autopsy

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 Delevan Jelkins (M. D. or other) M.D.
Address 2301 N. Kingshighway Date signed May 30, 1944

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1944

Dr. D. Collins
2301 North Kingshighway
FO-8365 Res: CA-7013

SEP 19 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. Bradford A. Miller

Licensed Embalmer No. 2901

P. O. Address University City

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.