S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36486

Registrar's No. 10267

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
I42I Benton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Weeks (Specify whether years, months or days)
In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kentucky (b) County 15
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E Thomas
3. (b) If veteran, name war
3. (c) Social Security No. 452-423-756

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Goldie
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. (Month) 22 (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 9 If less than one day hr. 1 min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Labor
11. Industry or business Saw Mill

FATHER
12. Name Horace L Thomas
13. Birthplace (City, town, or county) 1 Kentucky (State or foreign country)

MOTHER
14. Maiden name ----------
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Elbert Thomas
(b) Address 1 I42I Benton St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Gideon Mo
18. (a) Signature of funeral director Russell Mortuary
(b) Address Piggott Arkansas
19. (a) DEC 1 1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1944 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Nov 17th 1944, to Nov. 30th 1944 that I last saw him alive on Nov. 28th 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 2 yrs
Due to Stomach & Kidney and other toxic Condition
Due to Cause of toxic condition not ascertained
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Dr Martin L. Brokmeier M.D. or other)
Address 4902 St Louis Ave. Date signed 12/1/44

(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 Ronald C Wahrke

Licensed Embalmer No. 3907

P. O. Address.....

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.