

FILED DEC 5 1944 318
Registration District No.

Primary Registration District No. **100**

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

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:
3945 DeTonty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Walter E. Thomas

3. (b) If veteran, name war _____ 3. (c) Social Security No. 713-14-6907

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel Jenkins Thomas 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 12 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Da/s 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Local Freight Agent (Retired)

11. Industry or business N. y. Central R.R.

12. Name John THOMAS

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

14. Maiden name Leabelle Lynn

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

16. (a) Informant Mrs Rachel J Thomas

(b) Address 3945 De Tonty St

17. (a) Burial (b) Date thereof Nov. 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Burial Park

18. (a) Signature of funeral director Wm J Robert St. J. Co

(b) Address 1905 S Grand Blvd

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 17
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 3945 De Tonty (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from 11 1944 to Nov 23 1944
that I last saw him alive on Nov 22 1944
and that death occurred on the date and hour stated above

Immediate cause of death Acute Bronchitis
Acute Myocarditis Duration 12 days

Due to _____
Due to _____

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death) 2 years

Major findings: Of operations none

Of autopsy none 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 Wm J Robert (M. D. _____)
Address 3258 Lafayette Date signed 11/29/44

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

Howard M Rowland

Licensed Embalmer No

3114

P. O. Address

St Louis Mo

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.