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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3633

Primary Registration District No. 6076

Registrar's No. 2683

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

1. **PLACE OF DEATH:**
(a) County: Saint Louis
(b) City or town: South Kinloch Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lix and Warren Streets
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether
In this community 17 years
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Saint Louis
(c) City or town: Kinloch Park
(If outside city or town limits, write "RURAL")
(d) Street No.: No. 10 Warren Streets
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: HARVEY THOMAS
3. (b) If veteran, name war: ---
3. (c) Social Security No. 498-10-6589

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Christine Thomas
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: July 2, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	5	10	-- hr. -- min.

9. Birthplace: Jackson, (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Construction laborer
11. Industry or business: ---
FATHER
12. Name: Will Thomas
13. Birthplace: Columbus, (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name: Ida Yarbourgh
15. Birthplace: Humbolt, (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Christine Thomas
(b) Address: #10 Warren Street, Kinloch
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem.
18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Avenue
19. (a) 12/16/44 (Date received local registrar) (b) E. L. McSwain M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 12th year 1944 hour 5: minute 00 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Luetic heart disease	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: No

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?
While at work (Specify type of place) (e) Means of injury:
23. Signature: J. H. Bussman M.D. (M. D. or other)
Address: 601 Brentwood Blvd. Date signed: 12/16/4

(Licensed Embalmer's Statement on Reverse Side)

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JAN 22 1945

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.