

FILED MAR 28 1945 818

Primary Registration District No. 1003

Registrar's No. 2545

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

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:  
516 Talcott Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 516 Talcott Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Thomas

3. (b) If veteran, name war none

3. (c) Social Security No. 489-12-1341

4. Sex Male 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 6 years 1866

7. Birth date of deceased Aug. (Month) 6 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>11</u>	hr. _____ min.

9. Birthplace Yazoo, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Nannie Thomas

(b) Address 516 Talcott Ave.

17. (a) Burial (b) Date thereof March 22, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) MAR 20 1945 (Date received local registrar)  
J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 17  
year 1945 hour 11: minute 30 A.M.

21. I hereby certify that I attended the deceased from MARCH 3, 1945 to MARCH 17, 1945  
that I last saw him alive on MARCH 16, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC PARENCHYMATOUS NEPHRITIS

Due to \_\_\_\_\_ Duration 2 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1/31

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W. H. G. Clark (M. D. or other)  
Address 2748 Franklin Date signed 3/19/45

**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..... *W. Claude Gordon* .....

Licensed Embalmer No. *3489* .....

P. O. Address..... *4575 Aldine* .....

**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.**