

S. No. 2
DM-5-43
v. 5-17-39
I X38671

#46200

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH SERVICES
FILED SEP 28 1945
FILED 318945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29022
Registrar's No. 8183

Registration District No. 318945 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County... St. Louis, Missouri
(b) City or town... St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution... 1 day
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... ILLINOIS (b) County... ST CLAIR
(c) City or town... EAST ST LOUIS ILL
(d) Street No... 2556 MONROE
(e) Citizen of foreign country? NR 2
If yes, name country...

3. (a) PRINT FULL NAME... THOMAS WILLIAM FRENCH
(b) If veteran, name war... NONE
(c) Social Security No... NONE

4. Sex... MALE
5. Color or race... WHITE
6. (a) Single, widowed, married, divorced... SINGLES
(b) Name of husband or wife...
(c) Age of husband or wife if alive... years
7. Birth date of deceased... OCT 2 1937
(Month) (Day) (Year)

8. AGE: Years 7 Months 11 Days 17
If less than one day... hr... min.

9. Birthplace... EAST ST LOUIS ILL
(City, town, or county) (State or foreign country)

10. Usual occupation... AT SCHOOL

11. Industry or business...
12. Name... THOS. FRENCH
13. Birthplace... EAST ST LOUIS ILL
14. Maiden name... JUANITA HARDWIG
15. Birthplace... MURPHYSBORO ILL
(City, town, or county) (State or foreign country)

16. (a) Informant...
(b) Address... EAST ST. LOUIS ILL

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

(c) Place: burial or cremation... EAST ST LOUIS ILL

18. (a) Signature of funeral director... Chas Burke
(b) Address... EAST ST LOUIS ILL

19. (a) SEP 20 1945 (b) J. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 19th
year 1945 hour 10:46 minute P. M.
21. I hereby certify that I attended the deceased from 9/18/45
and that death occurred on the date and hour stated above
Immediate cause of death... Polio myelitis
Duration

Due to...
Due to... 3/6

Other conditions...
(Include pregnancy within 3 months of death)
Major findings:
Of operations...
Of autopsy... none permitted

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... 0

23. Signature... W. Hamilton
Address... City Hosp, St Louis Mo Date signed 9/20/45

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.....

Chas M. Burke

Licensed Embalmer No. *2421*

P. O. Address *East St Louis Ill*

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.