No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1014

Registration District No. 318 Primary Registration District No. 106 Registrar's No. 998

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: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1month, 21 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. South House - 4th Street 259
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS, WILLIAM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ellen Toomy

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

7. Birth date of deceased July (Month) 25 (Day) 1860 (Year)

8. AGE: Years 85 Months 5 Days 10 ~~20~~ If less than one day hr. min.

9. Birthplace ~~Indiana~~ (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Nicholas Thomas
13. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

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

16. (a) Informant City Infirmary records, 1

(b) Address 5800 Arsenal Street

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington U.

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Kutzer St

19. (a) JAN 30 1946 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1- day 5- year 1946 hour 10: minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 15th, 1945, 1945, to 1-5-, 1946; that I last saw him alive on January 5, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to arteriosclerotic heart disease

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92

Of autopsy

Duration

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 John E. Helm (M. D. or other) M.D.

Address 5600 Arsenal Date signed 1/6/46

(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.....

Licensed Embalmer No.:.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.