

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10664

FILED APR 6 1946

State File No. _____
Registrar's No. 757754

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 71

(c) City or town Ferguson 1
(If outside city or town limits, write "RURAL")

(d) Street No. 415 Hern Ave. 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Loton Thomas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Nellie Albrecht 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: May 23 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation Mechanic Foreman

11. Industry or business Am. Laundry Machinery

MOTHER FATHER { 12. Name Nathan H. Thomas

13. Birthplace Oars Mill Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ellen Butcher

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

16. (a) Informant L. Thomas

(b) Address Clayton, Missouri.

17. (a) Burial (b) Date thereof 4/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 4-2-46 (b) John W. Stewart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1946 hour 12:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from 22 Feb 1946 to 27 March 1946
that I last saw him alive on 27 March 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum Duration 2 yrs

Due to 46d

Due to _____

Other conditions Metastases in Liver
(Include pregnancy within 3 months of death)

Major findings: Large cancer of Rectum PHYSICIAN _____
Of operations _____
Of autopsy _____
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. Signed John W. Stewart (M. D. or other) _____
Address 4660 Maryland St. St. Louis Mo Date signed 3/29/46

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

9576

OCT 16 1947

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Hesperia, Ind

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.