

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18962

State File No.

4119

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 403 So. Harrison  
(d) Length of stay: 39 years  
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Sac  
(c) City or town St. Louis  
(d) Street No. 403 So. Harrison  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George Thomas  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7, day 3, year '46, hour 1:30, minute P.  
21. I hereby certify that I attended the deceased from 1-1-1946 to 5-3-1946  
that I last saw him alive on 4-1-1946 and that death occurred on the date and hour stated above.

4. Sex male, Color or race negro  
6. (a) Single, widowed, married, divorced, marital  
6. (b) Name of husband or wife Creasie Thomas  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Feb. 22 1883

Immediate cause of death: Yawwaler / front trouble (Mitral)  
Due to

8. AGE: Years 63, Months 2, Days 11, If less than one day hr. min.

Due to  
Other conditions checked  
Major findings: Of operations  
Of autopsy checked

9. Birthplace Ala.  
10. Usual occupation Fireman

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name Frank Thomas  
13. Birthplace Ala.  
14. Maiden name unknown  
15. Birthplace Ala.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Creasie Thomas  
(b) Address 403 So. Harrison  
17. (a) Burial (b) Date thereof 5-7-46  
(c) Place: burial or cremation Greenwood Cemetery

23. Signature [Signature] (M. D. or other)  
Address 3519 [Address] Date signed 5-5-46

18. (a) Signature of funeral director Alvin Bros. [Signature]  
(b) Address 3644 [Address]  
19. (a) MAY 6 1946 (b) [Signature]

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

17850

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**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.....

*Louis V. Atkins*

Licensed Embalmer No..... *2842* .....

P. O. Address..... *3644 Finney a* .....

**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.**