

S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X3667

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

State File No. **18963**  
Registrar's No. **4795**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri Pacific 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Osage**  
(c) City or town **Meta**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Irvin Thomas**  
(b) If veteran, name war **Nil** (c) Social Security No. **Unknown**  
4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bertha Thomas** 6. (c) Age of husband or wife if alive **52**  
7. Birth date of deceased **July 10 1887**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May**, day **27**, year **1946** hour **5** minute **05 AM**  
21. I hereby certify that I attended the deceased from **February 21** 19**46** to **May 27** 19**46**  
that I last saw him alive on **May 26** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Chd. Myocarditis** Duration **3 months**  
Due to **Diabetes mellitus** **9 years**  
Due to **Multiple Myeloma** **4 months**  
Other conditions (Include pregnancy within 3 months of death) **61**

8. AGE: **63** Years **10** Months **17** Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Vienna Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Carpenter**

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Unknown Thomas**  
13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Eugene Thomas**  
(b) Address **Union, Missouri**  
17. (a) **Burial** (b) Date thereof **5-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Vienna, Missouri**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **MAY 28 1946** (b) **J. B. Bredock**  
(Date received by local registrar) (Registrar's signature)

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 **Robert Phammy** (M. D. or other)  
Address **St. Louis, Mo** Date signed **5/27/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
17841

JUL 15 1946

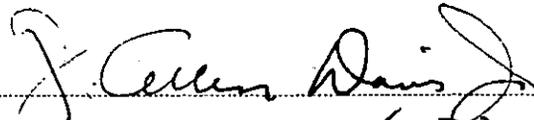
JUL 15 1946

**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. 4053

P. O. Address.....

**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.