

FILED MAY 16 1946
318

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Barnes 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)

3. (a) PRINT FULL NAME James M. Thomas

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian M. Thomas
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 31 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 0 hr. min.

9. Birthplace Morganfield Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Duco Sprayer

11. Industry or business Fisher Body Co.

12. Name Bud Thomas

13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lila Hull

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

16. (a) Informant Lillian M. Thomas

(b) Address 1479 N. 70th St.

17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 2 1946 (b) J. D. Braddock
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normanday
(If outside city or town limits, write "RURAL")
(d) Street No. 1479 N. 70th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1946 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from May 1 1946 to May 1 1946
that I last saw him alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Sclerosis of Coronary vessels

Due to Coronary vessels

Other conditions (Include pre-existence within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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. Signature J. D. Braddock (M. D. or other)

Address 1321 Midland Date signed 5-1-46

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 with the above constitutes grounds for revocation of license.)

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