

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18967
4601
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Richard Thomas

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

4. Sex Male 2. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise Thomas 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 16 - 1873 18965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 73 2 2 hr. min.

9. Birthplace N. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Yardman

11. Industry or business.....

12. Name Thomas Young
13. Birthplace N. C.
(City, town, or county) (State or foreign country)
14. Maiden name Kay
15. Birthplace N. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman

(b) Address 2601 N Whittier St

17. (a) Burial (b) Date thereof 5/23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd B. Rogers

(b) Address 1304 S. Stansel & Kinloch mo

19. (a) MAY 22 1946 (b) W. J. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town So Kinloch Park
(If outside city or town limits, write "RURAL")
(d) Street No. None
(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 18
year 1946 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from 5-10 to 5-18, 1946;
that I last saw him alive on May 18, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
Duration Unk

Due to.....
Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy No
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 A. J. Steffen (M. D. or other)
Address 2601 N Whittier Date signed 5/21/46

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.....

Edward A. Flynn....., Registered Apprentice No. *397*,
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3522*

P. O. Address *3704 Finney Ave*

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.