

**FILED** MAY 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18974**  
Registrar's No. **4136**

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

**1. PLACE OF DEATH:**

(a) County **Saint Louis, Missouri.**  
(b) City or town **Saint Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City 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 **William C. Thoms.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **493-24-6330**

4. Sex **Male ( )** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single!!**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 12th, 1892.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>1</b>	<b>24</b>	hr. _____ min.

9. Birthplace **Saint Louis, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Gardner**

11. Industry or business \_\_\_\_\_

12. Name **William Thoms**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Ellermann**

15. Birthplace **Saint Louis, Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sophia Bukdzer**

(b) Address **2830a Potomac Street.**

17. (a) **Burial** (b) Date thereof **May 9, 1946.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**  
(b) Address **6409 Gravois Ave.**

19. (a) **MAY 7 1946** (Date received by registrar) **J. F. Brudeck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri.** (b) County **St. Louis**  
(c) City or town **Saint Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. **# 5 North 9th 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 **6th.**  
year **1946.** hour **7** minute **20** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Coronary Occlusion**

Due to **Edema of brain**

Due to **Coronary Sclerosis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **g/h**

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. F. Brudeck** (M. D. or other) \_\_\_\_\_

Address **St. Louis** Date signed **5/7/46**

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

17852

79

25  
000  
17  
9  
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Homer W. Jantz* .....

..... Licensed Embalmer No. *3-8820* .....

..... 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.**