

S. No. 2
M-5-43
7.5-17-39
I X38

FILED JUN 13 1946

Registration District No. _____ 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:
3826 Page Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 Weeks (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3826 Page Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 8
If yes, name country _____

3. (a) PRINT FULL NAME Robert Thomas

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Thomas

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5th, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1946 hour I minute _____ P. M.

21. I hereby certify that I attended the deceased from May 17
1946, to June 18, 1946
that I last saw him alive on June 18, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>68</u>	<u>1</u>	<u>3</u>	hr. _____ min. _____
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Immediate cause of death Cerebral accident Duration 3 days

Due to _____

Due to _____

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

10. Usual occupation Farmer

Other conditions Cardio hypertensive
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

11. Industry or business _____

12. Name Gus Thomas

13. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Charmie Ramsey ? 9
(City, town, or county) (State or foreign country)

15. Birthplace Unknown ? 9
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Hull

(b) Address 3826 Page Ave

17. (a) Shipped (b) Date thereof 6-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scooba Miss.

18. (a) Signature of funeral director _____

(b) Address 2320 Stoddard St

19. (a) JUN 13 1946 (b) _____
(Date received 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 _____

23. Signature W. H. Hassell (M. D. or other) _____
Address 4270 W. P. Finney Ave Date signed June 10/46

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

MOTHER FATHER

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 L. Boefani
....., Registered Apprentice No. EM
working under my personal supervision.

Signed Lonnie Boefani
Licensed Embalmer No. 2946
P. O. Address St Louis 970

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.