

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29134

State File No.  
Registrar's No. 6795

FILED AUG 29 1946  
318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
St. Marys Hospital (Infirmary)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 4133 Kinnerly Ave.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George Thomas  
3. (b) If veteran, name war  
3. (c) Social Security No. 499-12-5127

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31  
year 1946 hour 11 minute 55 A.M.

4. Sex Male 5. Color or race Colored  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Johnnie Thomas  
6. (c) Age of husband or wife if alive years 25  
7. Birth date of deceased December 25 1901

21. I hereby certify that I attended the deceased from:  
July 26 1946 to July 31 1946  
that I last saw him alive on July 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular Disease  
Duration  
Due to  
Due to  
Other conditions Hypertrophic Gastritis  
(Include pregnancy within 3 months of death)

8. AGE: Years 45 Months 7 Days 6  
9. Birthplace Memphis Tenn.  
10. Usual occupation Cab Owner

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

11. Industry or business  
12. Name Tom Thomas  
13. Birthplace Unknown  
14. Maiden name Sadie Unknown  
15. Birthplace New Mexico  
16. (a) Informant Mrs. Johnnie Thomas  
(b) Address 4133 Kinnerly Ave.  
17. (a) Burial (b) Date thereof 8-3-46  
(c) Place: burial or cremation Washington Park (S.L.M.)  
(d) Signature of funeral director J. F. Brudeck  
Address 1721 Coleman St. 6

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?  
(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 A. M. Townsend  
Address 2602a Franklin Ave. Date signed 8-1-46

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

27972

JUN 10 1947

**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 *[Handwritten Signature]*

Licensed Embalmer No.....

P. O. Address 1721 Co

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, the above constitutes grounds for revocation of license.)**

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

