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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34880

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 9085

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 8-26-46 (Specify whether years, months or days)
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4552 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS, James A
3. (b) If veteran, name war World War I
3. (c) Social Security No. unk.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Opal Thomas
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased February (Month) 23 (Day) 1891 (Year)

8. AGE: Years 55 Months 7 Days 11 If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name Oscar Thomas
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matha Rogers
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet.Adm.Hosp.
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Jeff.Barrack Cemetery
18. (a) Signature of funeral director Schumacher Undertaking
(b) Address Co., St. Louis, Missouri
19. (a) 10-8-46 (Date received local registrar) Ruth Zollen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1946 hour 9:15 minute P.M.
21. I hereby certify that I attended the deceased from August 26, 1946 to October 3, 1946, 19..; that I last saw him alive on October 3, 1946, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death HEART DISEASE, HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC WITH CARDIAC ENLARGEMENT, MANIFESTED — Duration
Due to BY MYOCARDIAL INSUFFICIENCY. — UNK.
Due to 938
Other conditions NONE
(Include pregnancy within 3 months of death)
Major findings: Of operations No operations
Of autopsy No autopsy

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) No
(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? (City or town) (County) (State)
While at work? (Specify type of place) Nature of injury
23. Signature L. E. STILWELL, M. D. (M. D. or other)
Address Vet.Adm.Hosp., Jeff.Bks.Mo. Date signed 10-4-46

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1946

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 Francis Williamson

Licensed Embalmer No. 3565.

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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