

No. 2
5-13
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35661

State File No.

8684

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 810 a no Jefferson Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 810 a no Jefferson Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Thomas

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race 681 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Thomas 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May (Month) 10 (Day) _____ (Year)

8. AGE: Years about 53 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph Thomas sr 13. Birthplace VA (State or foreign country)

14. Maiden name Mary Adams 15. Birthplace VA (City, town, or county) (State or foreign country)

16. (a) Informant Ida Thomas (b) Address 810 a no Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Hughes (b) Address 2620 Lawton Blvd

19. (a) OCT 9 1946 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6 year 1946 hour 4 minute _____ A: M.
21. I hereby certify that I attended the deceased from 10-2-1946 to 10-5-1946
that I last saw him alive on 10-5-1946 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Duration ?
Due to Nephritis from Chr. Alcoholism
Due to Senility - Exposure to alcohol
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of 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) _____
(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? _____

23. Signature R. E. Long (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Address 4619 M² N. 11th Date signed 10-7-46

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

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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..... *Jyda Hughes*
Licensed Embalmer No. *2938*
P. O. Address. *St Louis mo*

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.