

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35663**
Registrar's No. **9348**

FILED NOV 12 1946 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Waterman Near Skinker (Aboard a Bus)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital HOME & PHILLIPS HOSPITAL
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis, Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. 120 Dutchmans Lane NR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sid Thomas

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

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Thomas
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased December 21 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days to 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Bricklayer

11. Industry or business _____

MOTHER FATHER
12. Name Will Thomas
13. Birthplace Jackson, Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Annie Terry
15. Birthplace Crystal Spring, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia T. Thomas
(b) Address 120 Dutchmans Lane, St. Louis, Ill
17. (a) Removal (b) Date thereof 11-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ill

18. (a) Signature of funeral director George H. Brue
(b) Address 1003 N. Garfield, St. Louis 6, Mo.

19. (a) NOV 1 1946 (Date received local registrar)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1946 hour 7 minute 9 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 AHA
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
Duration _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John E. Douglas (M. D. or other)
Address _____ Date signed 11/6/46

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

Arthur J. Heilman

Licensed Embalmer No. *4220*

P. O. Address

1154 Bayard Ave

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.