

No. 2  
-2-43  
-17-39  
13597

**FILED** OCT 16 1946  
318

STANDARD CERTIFICATE OF DEATH

State File No. **35664**  
Registrar's No. **8609**

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:  
**1416 No II Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ **27 Years** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **William Thomas**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col.**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Lillie Thomas**  
6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **February II th 1879**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **7** Days **20**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Peck La.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watch Man**

11. Industry or business **Jones Wrecking, Co.**

12. Name **Aleck. Thomas**

13. Birthplace **Peck La.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Victoria Salberry.**

15. Birthplace **Melville La.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mattie Thomas**  
(b) Address **1416 No. 11th Street**

17. (a) **Burial** (b) Date thereof **10/9/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Wood Cemetery**

18. (a) Signature of funeral director **Samuel S. Padan**  
(b) Address **1245 No. Glasgow Ave.**

19. (a) **OCT 7 1946** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
**Missouri**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1416 No. 11th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country **U.S.A.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1st**  
year **1946** hour **3:46** minute **46** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Coronary Thrombosis**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **Alfred J. Perry** (M. D. or other) \_\_\_\_\_  
Address **Septey Coroney** Date signed **10-7-46**

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.

*Amos A. Shupe*  
3522  
3506 Franklin  
Phone Tr 7722