

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: Mark Twain Hotel, 116 N. 3th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 2-days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Florida (b) County: 999  
(c) City or town: Miami  
(If outside city or town limits, write "RURAL")  
(d) Street No.: NR (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: John Thomas  
3. (b) If veteran, name war: \_\_\_\_\_  
3. (c) Social Security No.: \_\_\_\_\_

4. Sex: M. 5. Color or race: W.  
6. (a) Single, widowed, married, divorced: M.  
6. (b) Name of husband or wife: Ruth Thomas  
6. (c) Age of husband or wife if alive: 45 years  
7. Birth date of deceased: Unk. Unk. 1899  
(Month) (Day) (Year)

8. AGE: Years: 48 Months: Unk. Days: Unk. If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Cleveland, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation: Race Photographer

11. Industry or business: \_\_\_\_\_  
12. Name: John Thomas  
13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name: Blanche Reeve  
15. Birthplace: Cleveland, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jack Thomas  
(b) Address: Miami Beach, Fla.

17. (a) Removal (b) Date thereof: MAY 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Bedford, Ohio

18. (a) Signature of funeral director: Arthur J. Donnelly  
(b) Address: 3840 Lindell Blvd.  
19. (a) MAY 13 1947 (b) Therese  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 11  
year: 1947 hour: 10 minute: 0 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that occurred on the date and hour stated above.

Immediate cause of death: Chronic Obstruction  
Due to: \_\_\_\_\_  
Due to: Chronic Coronary Disease  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause of 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)  
Means of injury: 3  
23. Signatur: Patrick C. Taylor (M. D. or other) Def Co  
Address: 1300 Clark St. Date signed: 5/13/47

WRITE PLAINLY—USING 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

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3846 Lindell*

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.