

No. 2  
-1/47  
-17-39

National Office of Vital Statistics  
**FILED OCT 24 1947**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(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: **Mo. Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mad.**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3907a Botanical Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **ALBERT THOMAS**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Cora** 6. (c) Age of husband or wife if alive **57** years  
7. Birth date of deceased **Sep't. 3 1885**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **1** Days **7** If less than one day  
hr. min.

9. Birthplace **Newburg Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business **Scruggs V. & Barney Co.**

12. Name **William Thomas**

13. Birthplace **Rolla Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cynthia Bohannon**

15. Birthplace **Rolla Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Thomas**

(b) Address **3907a Botanical Ave.**

17. (a) Burial (Mtr.) **Burial** (b) Date thereof **10-13-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newburg, Mo.**

18. (a) Signature of funeral director **Kriegshauser Und Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **Oct 10 1947** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10**  
year **1947** hour **2:35** minute **A. M.**

21. I hereby certify that I attended the deceased from **9/10/47**  
to **10/9/47**  
that I last saw him alive on **10/19** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**  
Duration **2**

Due to.....  
Due to.....

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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) **none**

(b) Date of occurrence **none**

(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 **0**

23. Signature **Princeton C. Nell** (M. D. or other) **Res**

Address **3902a Lafayette** Date signed **10/10/47**

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

MOTHER FATHER

*[Handwritten mark]*

*[Handwritten mark]*

**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..... *Richard W. Stovessand* .....  
Licensed Embalmer No. *4007* .....  
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.