S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

Registration District No. 577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 40565

Registrar's No. 2455

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howell
(c) City or town: Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No.: --
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Archie I. THOMAS
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: ------
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 11, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	11	hr. min.

9. Birthplace: Tipton City (City, town, or county) (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:
FATHER
12. Name: Albert Thomas
13. Birthplace: Tipton, Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ellenora Burr
15. Birthplace: Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Tegistrar.Vet.Adm.Hosp.
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat'l.Cem. Jeff Bks.Mo.
18. (a) Signature of funeral director: Hoffmeister Funeral Home
(b) Address: 7814 So.Bdway.St.Louis,Mo
19. (a) 11-28-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22 year 1947 hour 2:30 minute A.M.
21. I hereby certify that I attended the deceased from November 9, 1947, to November 22, 1947, that I last saw him alive on November 22, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchegenic Carcinoma, right	Unknown
Due to: --	
Due to:	
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): No
(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? (Specify type of place)
While at work? (Means of injury): 0
23. Signature: L.E.Stilwell, Clin. Director (Signed)
Address: VAH. Jeff.Bks. Mo. Date signed: 11/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1951

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 Louis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.