

No. 2
2-45
17-39
X47070

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

FILED FEB 9 1948

State File No. _____

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 285

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Penn Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo. 23 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert W. Thomas.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 31, 1879.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 29 hr. min.

9. Birthplace St. Charles County Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Frederick M. Thomas. 4

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Schamma.
(City, town, or county) (State or foreign country)

15. Birthplace St. Charles County Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Helwig.

(b) Address 2942 Hilleman Avenue.

17. (a) Burial (b) Date thereof 1-31-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 1-30-48 (b) George J. Hay MD
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2942 Hilleman Avenue. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th.
year 1948 hour 1.10 minute P.M. M.

21. I hereby certify that I attended the deceased from August 10
July 10 1948 to January 26 1948
that I last saw him alive on January 26 1948
and that death occurred on the day and hour stated above

Immediate cause of death Cardiac decompensation Duration 2 mo

Due to Hypertensive Cardiovascular 1 year
renal disease

Due to Blind, Cirrhosis of liver,

Other conditions Cerebellar positive knowledge 9 mo
(Include pregnancy within 6 months of death)

Major findings: Blind, Cirrhosis of liver, PHYSICIAN
Of operations _____

Of autopsy _____
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 Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 1/30/48

Dr. Louis E. Littmann.
8231 Clayton Road.
Hours 3 to 5 P.M.
Parkview 0202

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 *Clement McHenry*

Licensed Embalmer No. *3733*

P. O. Address. *St. Louis*

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.