No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 5449 328
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 12 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Illinois (b) County Saint Clair
(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 Mississippi Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME THOMAS, John Henry
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unk
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased February (Month) 11 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
49	11	22	hr. min.

9. Birthplace Bolton (City, town, or county) Mississippi (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name John Thomas 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Alice Bridges 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) 2-6-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2 year 1948 hour 9:50 minute A. M.
21. I hereby certify that I attended the deceased from January 21, 1948, to February 2, 1948, that I last saw him alive on February 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEPATIC INSUFFICIENCY DUE TO MASSIVE TUMOR METASTASIS	
Due to Carcinoma of liver	
Due to 46 f	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy performed (See cause of death)	

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
(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? (e) Means of injury 0
23. Signature L. E. Stilwell (M. D. ~~XXXXX~~)
L.E. Stilwell
Address Jefferson Barracks, Mo. Date signed 2/2/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

APR 14 1940

FEB 25 1948

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 Guy Shelton Registered Apprentice No. 3 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 4259

P. O. Address 4107 [illegible]

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.