S. No. 300
DM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 14715

Registrar's No. 4208

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3406 Pine St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Marie Thomas

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt. 70			hr. min.

9. Birthplace Georgia (City, town, or county) (State or foreign country)

10. Usual occupation Brick Layer

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

15. Birthplace Ga (City, town, or county) (State or foreign country)

16. (a) Informant Marie Thomas

(b) Address 3406 Pine St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) MAY 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1948 hour 12 minute 20 a M.

21. I hereby certify that I attended the deceased from April 25, 1948, to May 1, 1948, that I last saw him alive on May 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Severe Unusual Stomatitis — Duration
Pharyngitis and Hypopharyngitis - Ulcerative

Due to Etiology undetermined

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Allen L Daniels (M. D. or other)

Address 2601 N Whittier Date signed 5/3/48

(Licensed Embalmer's Statement on Reverse Side)

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 V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.