FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18023
Registrar's No. 5108

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 Childrens Hosp - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Jemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 77 Jemay Gardens - 0
(If rural, give location)
N.R.
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Thomas Lewis Skillman
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced S - 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 30 (Day) 1947 (Year)
8. AGE: Years | Months 10 | Days 1 | If less than one day hr. min.
9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER
12. Name Lewis Skillman 1
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lorraine Sullentrop
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Lewis Skillman
(b) Address 77 Jemay Gardens
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection
18. (a) Signature of funeral director Vendh Ind 6
(b) Address 7420 Michigan Av
19. (a) JUN 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1
year 48 hour 9 minute 40 a.M.
21. I hereby certify that I attended the deceased from 5-19-, 1948, to 6-1-, 1948;
that I last saw h.l.m. alive on 6-1-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death post operative embolism (pulmonary, iliac & possible cerebral) secondary to repair of pulmonary stenosis - Congenital
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 157
Of autopsy

Duration

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)
(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 Gilbert B. Forbes (M. D. or other)
Address Date signed

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

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

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 Jas M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

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.