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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24792
Registrar's No. 6336

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 gG. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 097
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. ~~XXXX~~ 1611 Chestnut St
(If rural, give location)
(e) Citizen of foreign country? 25 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Thomas

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 14 (Day) 1882 (Year)

8. AGE: Years 66 Months 3 Days 26 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Nill
11. Industry or business

FATHER
12. Name Hardy Thomas
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Thomas
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Dave Cheatom
(b) Address 1700 Papin
17. (a) Burial (Burial, cremation or removal) (b) Date thereof JUL 31 1948 (Month) (Day) (Year)
(c) Place: burial of cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Sec
(b) Address 4104 Manchester
19. (a) JUL 7 1948 (Date received by registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1948 hour 7 minute 50 a M.

21. I hereby certify that I attended the deceased from July 5, 1948 to July 9, 1948; that I last saw him alive on July 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of the Stomach	Undet.
Due to	
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 13

23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 7/12/48

(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 Lawrence C. Nadeau

Licensed Embalmer No. 4341

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.