

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3331
Registrar's No. 338

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>338</u>				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Illinois</u>				999		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific</u>				d. STREET ADDRESS (If rural, give location) <u>201 Short Street</u>				2		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-11-49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar-18-1861</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>87 10 20</u>		
10a. USUAL OCCUPATION (Give kind of work department and working life even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Quendara Kan</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>		
13a. FATHER'S NAME <u>Casper Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Palk</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Thomas</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Thomas</u>				ADDRESS <u>St Louis Ill</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Cholecystitis</u>						<u>Many years</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/20</u>						20. ALIQUOT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>49</u> , to <u>1-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-11</u> , 19 <u>49</u> , and that death occurred at <u>11:15</u> p.m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Blair B. Noto M.D.</u>				(Degree or title)		23b. ADDRESS <u>Mo. Pac. Hosp.</u>		23c. DATE SIGNED <u>1-12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Centerville Sta</u>				
DATE REC'D BY LOCAL <u>JAN 12 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>			FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Offin Co., St Louis Ill</u>					

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm J. Affens

Licensed Embalmer No. 3518

P. O. Address E. St. Louis Ill

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.