

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10432
2651

318

1003

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|---|--|---|---|--|--|--|---|------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 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 town OR TOWN) St. Louis | | | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital | | | | d. STREET ADDRESS (If rural, give location) 5844 Theodore Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas | | | b. (Middle) | | c. (Last) Mondy | | 4. DATE OF DEATH (Month) (Day) (Year) 3/ 21 / 49 | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Dec. 1st 1888 | | 9. AGE (In years last birthday) 60 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | | 10b. KIND OF BUSINESS OR INDUSTRY Apt. | | 11. BIRTHPLACE (State or foreign country) Hub. Mississippi | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Steve Mondy | | | 13b. MOTHER'S MAIDEN NAME Racheal -- Unk. | | | 14. NAME OF HUSBAND OR WIFE Lorena Monday | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- | | 16. SOCIAL SECURITY NO. ? | | 17. INFORMANT'S SIGNATURE OR NAME Naziol Vaughn | | | ADDRESS 7950 Dale Ave. | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) including the underlying cause last DUE TO (b) Subdural Hematoma DUE TO (c) Time, place, cause and manner of same could not be determined II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION --- | | 19b. MAJOR FINDINGS OF OPERATION Open Verdict | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open Verdict | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ? | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:10 P.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Joseph M. Quinn | | | | (Degree or title) 2 Coronor | | 23b. ADDRESS 1300 Clark Ave | | 23c. DATE SIGNED | |
| 24a. BURIAL-CREMA-TION, REMOVAL (Specify) Removal | | 24b. DATE 3/25/49 | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Columbia Missouri | | | |
| DATE REC'D BY LOCAL REG. MAR 21 1949 | | REGISTRAR'S SIGNATURE J. L. S. L. S. | | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates | | ADDRESS 4107 Finney Ave | | |

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

AUG 13 1962

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 _____

Thomas J. Pate

Licensed Embalmer No. 4259

P. O. Address 4107 7th

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.