

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17755  
Registrar's No. 4395

318

1003

1790

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 17755		Registrar's No. 4395			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <b>ST LOUIS</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>ST LOUIS</b>			c. LENGTH OF STAY (in this place) <b>20 yrs</b>		a. STATE <b>MISSOURI</b>		b. COUNTY _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hos,</b>					c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>						
d. STREET ADDRESS (If rural, give location) <b>2731 Randolph St</b>											
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH								
a. (First) <b>TOM</b>		b. (Middle) _____		c. (Last) <b>THOMAS</b>		Month <b>5</b> Day <b>13</b> Year <b>1949</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>4-5-1876</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Macon Miss;</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
13a. FATHER'S NAME <b>Hanes Thomas</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline ?</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Carrie Prather</b> ADDRESS <b>2731 Randolph St</b>						
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
					DUE TO (b) <b>Coronary Sclerosis</b>						
					DUE TO (c) <b>Arteriosclerosis</b>						
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 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? <b>H/2A1</b>						
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 <b>12:00</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>Edward E. ...</b> (Degree or title)					23b. ADDRESS <b>9316 Allen Ave</b>			23c. DATE SIGNED <b>5/12/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>			24d. LOCATION (City, town, or county) <b>St. Louis</b> (State) <b>Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAY 17 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Fun, Home</b> ADDRESS <b>2820 Stoddard St</b>						

*just*

**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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13*

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.