

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21775

State File No. _____
Registrar's No. 5644

BIRTH NO. 31624-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St Louis</u>		999 11
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>2753 North 7th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <u>Baby Infant Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 19 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never born</u>	8. DATE OF BIRTH <u>5-19-49</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Oliver James Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Louise Caswell</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Thomas 753 North 7th</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (6 Months)</u>			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
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) <u>159</u>		21f. HOW DID INJURY OCCUR? <u>776K</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>5/19/49</u> , 19___, to <u>5/19/49</u> , 19___, that I last saw the deceased alive on <u>5/19/49</u> , 19___, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>4930 Lindell St.</u>		23c. DATE SIGNED <u>5/19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JUN 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bldg</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>JUN 30 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL HOME'S NAME AND ADDRESS <u>Roland Mortuary Service 4104 Manchester Ave.</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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.