

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21778

State File No. 5100

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 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 OR TOWN <u>St Louis MO</u>)		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>	
d. STREET ADDRESS (If rural, give location) <u>21-2125a Carr St</u>		17. BIRTHPLACE (State or foreign country)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u> b. (Middle) c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cold</u>	7. MARRIED* NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>June 7 1851</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>9</u>
13a. FATHER'S NAME <u>Chas Poe</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Poe</u>	14. NAME OF HUSBAND OR WIFE <u>Henry 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lennell Eledander 2125a Carr</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u> ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>92A</u>			
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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>8-20</u> , 19 <u>49</u> , to <u>6-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-8</u> , 19 <u>49</u> , and that death occurred at <u>10:15pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herbert J. Cravin M. D.</u>		23b. ADDRESS <u>2601 N Whittier</u>	
23c. DATE SIGNED <u>6-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-13-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>JUN 13 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Art. Neal</u>		ADDRESS <u>2726 Pines</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 Theodore Yandell

Licensed Embalmer No. 4243

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.