

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20834
69

BIRTH NO. _____ REG. DIST. NO: 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. _____

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09
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) FUREKA RI		c. CITY (If outside corporate limits, write RURAL and give township) RT. LOUIS MO.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1902 S. 12th	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) ROY	a. (First)	b. (Middle) C.	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) SEPT 5 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/22/1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5	Days 13	IF UNDER 4 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILWAY MAN	10b. KIND OF BUSINESS OR INDUSTRY RAILROADING	11. BIRTHPLACE (State or foreign country) DESOTO MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME JAMES THOMAS	ADDRESS 1902 S. 12th St. Louis
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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		INTERVAL BETWEEN ONSET AND DEATH 331X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (JURY VERDICT) WE THE UNDERSIGNED AGREE THAT MAR ROY C. THOMAS DIED OF A CERE BRAL		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEMORRAGE BY NATURAL CAUSES.		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE? (Specify) Natural DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) FUREKA JEFFERSON MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO INJURY	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 **INVEST, 10** to **5 SEPT, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles J. Malin? Corcoran	(Degree or title)	23b. ADDRESS 1015th Mo.	23c. DATE SIGNED SEPT 5 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-49	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) St Louis MO
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DATE REC'D BY LOCAL REG. Sept 17-49	REGISTRAR'S SIGNATURE Philip King	145	25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Haggard	ADDRESS Funeral Home 1926 1/2th
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DEC

NOV 18 1949

RECEIVED
SEP 20 1949
District Health Officer
No. 9,
District File Number

SEP 26 1949

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 Dale Strueman

Licensed Embalmer No. 7242

P. O. Address 1926 Allen

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.