

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2441**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **757**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place) 5-18-48	c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital			d. STREET ADDRESS (If rural, give location) City Infirmiry Hospital		
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle)	c. (Last) Edmonds	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1950	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 5/21/1907	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Scullins Steel	11. BIRTHPLACE (State or foreign country) Crawford, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME James S. Edmonds		13b. MOTHER'S MAIDEN NAME Julia Thompson		14. NAME OF HUSBAND OR WIFE Bertha (divorced)	
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. not known	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Edmonds Detroit, Michigan		
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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningo-Vascular Les ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Mental deterioration & left lower monoplegia				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
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) 025		
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?			
22. I hereby certify that I attended the deceased from May 18, 1948 , to January 16, 1950 , that I last saw the deceased alive on Jan. 16, 1950 , and that death occurred at 9:50 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Masao Okamoto M.D.			23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 1/22/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/25/50	24c. NAME OF CEMETERY OR CREMATORY Jackson		24d. LOCATION (City, town, or county) (State) Tennessee	
DATE REC'D BY LOCAL REG. JAN 24 1950	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. L. Hater 4107 Finney Ave.		

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Yarmay

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.