

S. No. 300  
v. 10.48

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6983

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 358

40087

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON Mo.</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CO. HOSPT.</b>		c. CITY (If outside corporate limits, write RURAL and give township) 29 TOWN <b>St. Louis Co., Mo. - WELLSTON</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENjamin</b> b. (Middle) <b>L.uther</b> c. (Last) <b>THOMASON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9, 1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 10, 1883</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Texas Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Geo. Thomason</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Skiles</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Thomason</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Earl L. Thomason</b>		ADDRESS <b>6539 Joseph</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Suprasellar cyst</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suprasellar cyst</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <b>12(?) years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		933X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		733X	
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) (Min.)	
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 <b>2-4-1950</b> to <b>2-9-1950</b> , that I last saw the deceased alive on <b>2-9-1950</b> , and that death occurred at <b>10:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Jack Gregory M.D.</b>		23b. ADDRESS <b>601 Brentwood Clayton</b>	
23c. DATE SIGNED <b>2-9-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 11, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL <b>FEB 10 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert L. Dombey</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>G. G. Glander + son</b>		ADDRESS <b>6175 Helmar</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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 jos. e. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

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.