No. 300
10-48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15212

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1081

1. PLACE OF DEATH
a. COUNTY: ST LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON MO
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST LOUIS COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST LOUIS COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 59 WEBSTER GROVES MO
d. STREET ADDRESS (If rural, give location): 708 N. ELM 4597

3. NAME OF DECEASED (Type or Print)
a. (First): MATTIE
b. (Middle):
c. (Last): THOMAS

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1950

5. SEX: Female
6. COLOR OR RACE: 3 Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 15 1884
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Taydron ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U-S A

13a. FATHER'S NAME: BURTON GREEN
13b. MOTHER'S MAIDEN NAME: AMANDA ABRAHAN
14. NAME OF HUSBAND OR WIFE: JAMES Thomas Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Emma Williams — ADDRESS: 708 N Elm

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HCVD
DUE TO (c) Luetic Aortitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 023X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-21, 1950, *to* 4-22, 1950, *that I last saw the deceased alive on* 4-22, 1950, *and that death occurred at* 3:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert Ishii (Degree or title): MD
23b. ADDRESS: 601 S. Brentwood Clayton 5 Mo
23c. DATE SIGNED: 4-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: April 26-1950
24c. NAME OF CEMETERY OR CREMATORY: FATHER DICKSON
24d. LOCATION (City, town, or county) (State): Kirkwood Missouri

DATE REC'D BY LOCAL REG.: 4-27-50
REGISTRAR'S SIGNATURE: Herbert R. Dowtse MD
25. FUNERAL DIRECTOR'S SIGNATURE: Theodore T. Yandell — ADDRESS: 130 Eldridge Webster Groves

(Licensed Embalmer's Statement on Reverse Side)

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 J Yandell

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge Webster Groves

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.