

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22076

State File No. 5774

BIRTH NO. 15817-50 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 Mo	
b. CITY (If outside corporate limits, write RURAL and give township) ST Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 1414 Shawmut Pl	
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Thomas c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) 7 2 50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH 7-1-50
9. AGE (In years *last birthday) 0		IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST Louis Mo
13a. FATHER'S NAME Bert Thomas		13b. MOTHER'S MAIDEN NAME Grace Boyle	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bert Thomas
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature 2 lb. INTERVAL BETWEEN ONSET AND DEATH 6 mo. fetus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Maternal Premature Separation 4 hours of Placenta DUE TO (c) Placental Praevia 3 sep. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis, Mo Mo	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 7/1/50 10:54, to 7/2/50 9:45 am., to 7/2/50 9:45 am., that I last saw the deceased alive on 7/2/50, 1950, and that death occurred at 9:45 am., from the causes and on the date stated above.			
23a. SIGNATURE Henry Rosenberg MD		23b. ADDRESS 1467 N. Union	
23c. DATE SIGNED 7/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-3-50	24c. NAME OF CEMETERY OR CREMATOR Memorial Park	24d. LOCATION (City, town, or county) (State) Tucost Hunt Rd St Louis Co
DATE REC'D BY LOCAL REG. JUL 3 1950	REGISTRAR'S SIGNATURE L. B. Luster	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	

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 ^{not} embalmed by me, or by ^{not} anyone

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 10 Mo

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.