

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25340

State File No. ....

318 1003

Registrar's No. 6679

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6679	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1228 Bayard</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgia</b>		b. (Middle) _____		c. (Last) <b>Thomas</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1, 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Unavailable</b>	
9. AGE (In years) <b>75</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Ft. Smith, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unavailable</b>		13b. MOTHER'S MAIDEN NAME <b>Unavailable</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Thomas</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>August Piper, M. D.</b> ADDRESS <b>1228 Bayard</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES <b>In of left hip, when she fell due to the floor on concrete porch at City Infirmary</b>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>none</b>					
		II. OTHER SIGNIFICANT CONDITIONS <b>July 19, 1950 exact time unknown</b>					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident + 1000</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>City Infirmary</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 19 50 ? m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>To 1030</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <b>11</b>							
23a. SIGNATURE <b>Patrick E. Taylor, Cor.</b> (Degree or title)				23b. ADDRESS <b>1300 Clark Avenue</b>		23c. DATE SIGNED <b>8. 8. 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/5/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 5 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>GATES FUNERAL HOME 4107 Finney Ave</b>	

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

X

**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 Finney Avenue

**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.