

FILED AUG 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28734
6950
Registrar's No.

BIRTH NO.		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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 2217 OR TOWN City of St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION (Home) 2236 W Cass Ave				2d. STREET ADDRESS (If rural, give location) 2236 W Cass Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) T		c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) 8 14 50	
5. SEX M		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-22-1897	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		11. BIRTHPLACE (State or foreign country) Ark		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Hanna Brown		14. NAME OF HUSBAND OR (WIFE) Rosetta Thomas			
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.		17. INFORMANT'S SIGNATURE OR NAME Rosetta Thomas 2236 W Cass Ave ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH About a year	
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)			
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? HH3X			
22. I hereby certify that I attended the deceased from 7-16-1950, to 8-14-1950, that I last saw the deceased alive on 8-13-1950, and that death occurred at 4 A. m., from the causes and on the date stated above.							
23a. SIGNATURE G. A. Dickson M.D. (Degree or title)				23b. ADDRESS 3200 Lucas Ave		23c. DATE SIGNED 8/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-18-50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REG. AUG 15 1950		REGISTRAR'S SIGNATURE J. B. Casater		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 2930 Dickson St.	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arthur L. Heilbard

Signed.....
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4049 St Terrence*

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.