

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34660  
State File No. 8848  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Homer G Phillips Hospital</b>                      |  | j. STREET ADDRESS (If rural, give location)<br><b>4212 E. Finney Avenue</b>   |  |

|   |                                  |  |   |  |                                    |   |
|---|----------------------------------|--|---|--|------------------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Thomas</b><br>b. (Middle)<br>c. (Last) <b>Christian</b> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Oct. 17 1950</b> |  |                                    |   |
| 5. SEX<br><b>Male 2</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Separated</b> | 8. DATE OF BIRTH<br><b>4/21/1889</b>                            | 9. AGE (In years last birthday)<br><b>61</b>                         | IF UNDER 1 YEAR<br>Months <b>5</b> | IF UNDER 24 HRS.<br>Days <b>26</b> Hours <b>0</b> Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Stix, Baer, Fuller</b>             |   | 11. BIRTHPLACE (State or foreign country)<br><b>Milwaukee, Wis./</b> |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>              |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>Thomas Christian, Sr.</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Tillie; ---</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Geneva</b> |
|--|---|--|

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>499-28-8918</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Ella Edna Bass</b> | ADDRESS<br><b>4212 E. Finney Ave.</b> |
|--|---|--|---------------------------------------|

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|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Rectum - Adeno carcinoma</b>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Pulmonary congestion</b><br>DUE TO (c) <b>Undetermined</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>None</b>   |   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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<br><b>157X</b>        |

22. I hereby certify that I attended the deceased from **9-20-50** to **10-17-50**, 19\_\_\_\_, that I last saw the deceased alive on **10-17-50**, 19\_\_\_\_, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

|  |   |                                     |
|--|---|-------------------------------------|
| 23a. SIGNATURE<br><b>Elmer Thompson</b><br>(Degree or title)<br><b>M. D.</b> | 23b. ADDRESS<br><b>2601 N. Whittier</b> | 23c. DATE SIGNED<br><b>10-17-50</b> |
|--|---|-------------------------------------|

|  |                              |  |   |
|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>10/20/50</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b> |
|--|------------------------------|--|---|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>OCT 19 1950</b> | REGISTRAR'S SIGNATURE<br><b>J. B. Laska</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>GATES FUNERAL HOME</b><br>ADDRESS<br><b>Charles J. Gates, 4107 Finney Ave.</b> |
|--|---|---|

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 John K. Cunningham

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4496

P. O. Address 4107 Juniper

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.

17-175E