

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10711⁹
 State File No. _____
 Registrar's No. 2199

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|---|--------------------------------|--|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1005 | | REGISTRAR'S NO. 2199 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>2259 1727 Lucas</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1727 Lucas</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe or Joseph</u> b. (Middle) _____ c. (Last) <u>Thomas</u> | | | 4. DATE OF DEATH (Month) <u>3</u> (Day) <u>5</u> (Year) <u>51</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>7-4-95</u> | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Louisiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mattie Thomas</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Thomas - 1727 Lucas</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral stenosis</u> 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 <u>1 year</u> | |
| 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) <u>410X</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>How</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>9 Feb 1957</u> to <u>4 March 57</u> that I last saw the deceased alive on <u>4 March 1957</u> and that death occurred at <u>8:35 AM</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. Seaton M.D.</u> | | | | 23b. ADDRESS <u>2713 Franklin Blvd</u> | | 23c. DATE SIGNED <u>6 March</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-12-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo</u> | |
| DATE REC'D BY LOCAL <u>MAR 8 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. Posner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A.L. Beal Und. Co.</u> | | ADDRESS <u>4303 Delmar</u> | |

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

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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. Hilliard*

Signed
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *1740a Campbell Pl*

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.