

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25389
6408

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 town) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		209 th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				f. STREET ADDRESS (If rural, give location) 5334 Zealand St.			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) J c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) JULY 16 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 12th 1872		AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hot Springs, Va.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME John C Thomas			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Helen Thomas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Helen Thomas, 5334 Zealand St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				DUE TO (b) _____			10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Cerebral arteriosclerosis			3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____			_____
19a. DATE OF OPERATION 7/18/51		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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. HOW DID INJURY OCCUR? 2. 17X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 4-7-51 , 19____, to 7-26-51 , 19____, that I last saw the deceased alive on 7-16-51 , 19____, and that death occurred at 5:15P m. , from the causes and on the date stated above.			
23a. SIGNATURE John T. Lawton, M.D. (Degree or title)			23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 7-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/19/51		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 18 1951		REGISTRAR'S SIGNATURE J. B. Basster		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry ADDRESS _____			

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3578

P. O. Address St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25389-51

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6408 640

On this day of, 194....., before me appears.....

....., who, upon oath, states that the original record of birth
for Andrew J. Thomas died 7-16-1951, 19....., in the State of
Missouri, and which was filed at on....., 19....., should be corrected as follows:

Item No. 2 should read Andrew J. Thomas

Instead of.....

Item No. 8 should read April 12-1874

Instead of..... 1872

Item No. 9 should read Age 77

Instead of..... Age 79

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Helen Thomas Inf. Relationship.

5334 Zealand

Present Address.

Subscribed and sworn to before me this 9 day of August, 1945

My Commission expires 3-4-53 Edward J. Adcock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.