

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25391**  
Registrar's No. **6265**

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

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 or township) <b>ST LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>OR ST LOUIS 2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		STREET ADDRESS (If rural, give location) <b>4044 ENLIGHT 0</b>	

3. NAME OF DECEASED (Type or Print) <b>Birdie</b>	a. (First)	b. (Middle)	c. (Last) <b>Thomas</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 11 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-9-1875</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BEAUTICIAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Poro-Co</b>	11. BIRTHPLACE (State or foreign country) <b>Louisville Ky</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>UNK</b>	13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph C. Thomas</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>EDITH Moore</b>	ADDRESS <b>2620 THOMAS</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension and Arterioscleroti</b>		
	ANTECEDENT CAUSES Heart Disease DUE TO (b) <b>Undetermined</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>H 200</b>
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22. I hereby certify that I attended the deceased from **6-22**, 19 **51**, to **7-11**, 19 **51**, that I last saw the deceased alive on **7-11**, 19 **51** and that death occurred at **6:50am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Loren W. Harris, D.O.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>7-11-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>July-16-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Wood</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>JUL 13 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Lavator</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Beal</b>	ADDRESS <b>Undtco/4303 Delmar</b>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740<sup>e</sup> Temp. Dr.

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.