

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25392

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6720

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4037 N. Market</u>	

3. NAME OF DECEASED (Type or Print) <u>Harriett Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1951</u>		
5. SEX <u>3</u> <u>F.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED (Never married, widowed, divorced, separated) <u>Widowed</u>	8. DATE OF BIRTH <u>June 9, 1886</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hollysring, Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U</u>					

13a. FATHER'S NAME <u>Clark Ligens</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Wilburn</u>		14. NAME OF HUSBAND OR WIFE <u>Major Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Shaw</u> ADDRESS <u>4037 N. Market</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchial Pneumonia, bilateral</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		A. 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. <u>Benign stricture of Esophagus</u>				<u>Undet.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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? <u>491X</u>	

22. I hereby certify that I attended the deceased from 6-4, 1951, to 7-24, 1951, that I last saw the deceased lying on 7-24, 1951, and that death occurred at 9:10a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Woodson M.D.</u> (Degree or title)		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>7-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Chulohoma Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hollysring, Miss.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Blouice</u>		ADDRESS <u>1221 N. Grand</u>	

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

100 97195

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. Halliday

Signed
Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address *4750th Coyples*

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.