

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25394

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5656**

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|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2119</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i> | | STREET ADDRESS (If rural, give location) <i>3030 Madison</i> | |

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|---|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Lessie</i> | b. (Middle) | c. (Last) <i>Thomas</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>June 19 1951</i> |
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| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Negro</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i> | 8. DATE OF BIRTH <i>6-29-17</i> | 9. AGE (In years last birthday) <i>33</i> | IF UNDER 1 YEAR Months <i>11</i> Days <i>21</i> | IF UNDER 24 HRS. Hours <i></i> Min. <i></i> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i> | 11. BIRTHPLACE (State or foreign country) <i>Miss!</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Dewitt Hoard</i> | 13b. MOTHER'S MAIDEN NAME <i>unknown</i> | 14. NAME OF HUSBAND OR WIFE <i>James Thomas</i> |
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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 <i>James Thomas</i> | ADDRESS <i>3030 Madison</i> |
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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 <i>Undet.</i> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i> | | |
| | ANTECEDENT CAUSES DUE TO (b) <i>Hypertension</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| DUE TO (c) | | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>None</i> | |

| | | |
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| 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? <i>H/H/H/X</i> |
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22. I hereby certify that I attended the deceased from *6-9*, 19*51*, to *6-19*, 19*51*, that I last saw the deceased alive on *6-19*, 19*51*, and that death occurred at *11:55pm.*, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Lorenz W Harris</i> | (Degree or title) <i>M. D.</i> | 23b. ADDRESS <i>2601 N Whittier St</i> | 23c. DATE SIGNED <i>6-20-51</i> |
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|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>6-25-51</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i> | 24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i> |
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| DATE REC'D BY LOCAL REG. <i>JUN 22 1951</i> | REGISTRAR'S SIGNATURE <i>J B Lacater</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Athena Bros.</i> | ADDRESS <i>3644 Fleming</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finnie*

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.