

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28785
State File No. 7858

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Homer G. Phillips Hospital</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, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> <u>2219</u>	
c. LENGTH OF STAY (In this place) <u>?</u>		d. STREET ADDRESS (If rural, give location) <u>1818 Division</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u>		b. (Middle)		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>26</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>Unknown</u> <u>all</u>		9. AGE (In years last birthday) <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u> <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Cooke Thacker 4859 Fountain</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral vascular accident</u> <u>Cerebral Thrombosis</u> <u>Undet.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>None</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural Death</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-26-51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>2219 X</u>	

22. I hereby certify that I attended the deceased from 5-11-51, 1951, to 8-26-51, 1951, that I last saw the deceased alive on 8-26-51, 1951, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>L. E. Smith M.D.</u>		23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>8-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>SEP 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Home</u>		24d. LOCATION (City, town, or county) (State) <u>410 Manchester Ave.</u>	

DATE REC'D BY LOCAL REG. <u>SEP 5 1951</u>		REGISTRAR'S SIGNATURE <u>L. E. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u>	
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.