

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43375
State File No. 11219

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11219**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE Missouri b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3330 Aubert Avenue, 15		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
		d. STREET ADDRESS (If rural, give location) 3330 Aubert Avenue, 15.	

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Elizabeth c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) Dec. 17th, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 9th, 1883		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Wentzville, Missouri	
13a. FATHER'S NAME Thomas Desmond		13b. MOTHER'S MAIDEN NAME Elizabeth Erb		14. NAME OF HUSBAND OR WIFE Jerome Nester Thomas	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerome N. Thomas, 3330 Aubert Avenue, 15.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr-Myo-carditis Acute heart block				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Chr- Endo carditis-Mitral-Insufficiency					
		DUE TO (c) Chr- arterio-sclerosis-with					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. extreme-Malignant-hypertension.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H/OX			

22. I hereby certify that I attended the deceased from **1948**, **1948** to **12-17**, 19 **51** that I last saw the deceased alive on **12-17-1951**, and that death occurred at **10:15A.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) 0		23b. ADDRESS 3734-Jennings Road		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/20/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

DATE REC'D BY LOCAL REG. DEC 19 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carvin F. Feutz, 4828 Natural Bridge Blvd.	
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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 Ralph E. Sanders

Licensed Embalmer No. 4225

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.

RECEIVED BY THE BOARD OF HEALTH