

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9942**
2232
Registrar's No. _____

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009**

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp. | | d. STREET ADDRESS (If rural, give location) 4326 Cook Avenue | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) _____ c. (Last) Flagg | | | 4. DATE OF DEATH (Month) (Day) (Year) March 6, 1952 |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 4, 1881 |
| 9. AGE (In years last birthday) 70 | | 10. MONTHS 8 | 11. DAYS 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carmen | | 10b. KIND OF BUSINESS OR INDUSTRY Rail Road | 11. BIRTHPLACE (City and State or Foreign Country) Houston, Georgia |
| 12. CITIZEN OF WHAT COUNTRY? U.A.S. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Alice Flagg | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 709-01-5519 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Flagg Campbell, 4326 Cook Ave. |
| 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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH _____ 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. | |
| 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? H2O! | |
| 22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:25 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Walter M. DePuy (Degree or title) Coroner | | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 3/8/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-12-52 | 24c. NAME OF CEMETERY OR CREMATORY Douglass Cemetery | 24d. LOCATION (City, town, or county) (State) Washington, Illinois |
| DATE REC'D BY LOCAL REG. 10 10 1952 | REGISTRAR'S SIGNATURE J. Earl Smith Md | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples' Und. Co., 3100 Franklin | |

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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.