

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**18623**  
**4689**

State File No. ....

Registrar's No. ....

**FILED JUN 6 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>MO</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>22 2135 Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Thomas</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 17 1952</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec 25, 1891</u>	<b>9. AGE</b> (In years last birthday) <u>60</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Nil</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Louisville Kentucky</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
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<b>13a. FATHER'S NAME</b> <u>Unknown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Kaiser</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Kaiser Thomas</u>	<b>ADDRESS</b> <u>2135 Walnut</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION*</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Undet.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized Arteriosclerosis</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Glomerulonephritis</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<b>8 days</b>  <b>Undet.</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>593X</u>
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**22. I hereby certify that I attended the deceased from** 5-9, 1952, to 5-17, 1952, that I last saw the deceased alive on 5-17, 1952, and that death occurred at 7:15a m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Lorena W Harris</u>	(Degree or title) <u>D.</u>	<b>23b. ADDRESS</b> <u>2601 N Whittier St</u>	<b>23c. DATE SIGNED</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>5-23-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Washington Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County MO</u>
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<b>DATE REC'D BY LOCAL</b> <u>MAY 21 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bennie Love</u>	<b>ADDRESS</b> <u>3103 Washington</u>
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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 *James C. Adams*

Licensed Embalmer No. 4755

P. O. Address 12012 Grand

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.