

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30482

FILED AUG 20 1953

State File No. _____
Registrar's No. **7213**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where 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	
c. LENGTH OF STAY (in this place) 38 yrs		2109 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4038, Greer		d. STREET ADDRESS (If rural, give location) 10 4038, Greer	

3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) _____ c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) 7 - 21 - 1953	
5. SEX Female	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4 - 2 - 1903
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR 3 Months	IF UNDER 24 HRS. 19 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid in Hotel		10b. KIND OF BUSINESS OR INDUSTRY Majestic Hotel	11. BIRTHPLACE (City and State or Foreign Country) Cuba Alabama /
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Anderson Cooper	13b. MOTHER'S MAIDEN NAME Ella	14. NAME OF HUSBAND OR WIFE Henry Thomas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Henry Thomas	ADDRESS 4038, Greer
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) Hypertensive Heart Disease		6 days 2 years?
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X
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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?
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22. I hereby certify that I attended the deceased from **July 17, 1953**, to **July 21, 1953**, that I last saw the deceased alive on **July 21, 1953**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS 1009 So. Bowling	23c. DATE SIGNED 7-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-27-53	24c. NAME OF CEMETERY OR CREMATORY Green wood	24d. LOCATION (City, town, or county) (State) ST. Louis Missouri
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DATE REC'D BY LOCAL REG. 24 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 2616, No. Garrison
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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.....

Leroy W. Bannister

Licensed Embalmer No. *45-23*

P. O. Address *3880 E. 1st*

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.