

FILED JUL 1 - 1954

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

State File No.

21343

Registrar's No.

4650BIRTH NO. **19771-54**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

St. Louisb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS, MISSOURI**

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

Normandy**NO**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **ST. LOUIS CITY HOSPITAL**

e. STREET ADDRESS (If rural, give location)

5503 Bermuda**4001****3. NAME OF DECEASED** (Type or Print)

a. (First)

MARCIA

b. (Middle)

SUE

c. (Last)

THOMAS

4. DATE OF DEATH (Month) (Day) (Year)

MAY 23, 1954**5. SEX****Female****6. COLOR OR RACE****White****7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**
Never married**8. DATE OF BIRTH****March 5, 1954****9. AGE** (In years last birthday)

IF UNDER 1 YEAR

2 Months **18** Days

IF UNDER 12 HRS.

Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**10b. KIND OF BUSINESS OR INDUSTRY****11. BIRTHPLACE** (City and State or Foreign Country)**St. Louis, Missouri****12. CITIZEN OF WHAT COUNTRY?****13a. FATHER'S NAME****Henry Thomas****13b. MOTHER'S MAIDEN NAME****Martha Schaffer****14. NAME OF HUSBAND OR WIFE****15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)**16. SOCIAL SECURITY NO.****17. INFORMANT'S SIGNATURE OR NAME****Henry Thomas 5503 Bermuda Ave.****ADDRESS****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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Meningomyelocoele****ANTECEDENT CAUSES**

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH**2 1/2 mo.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES NO **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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?****751X****22. I hereby certify that I attended the deceased from 3-5-54, 19, to 5-23-54, 19, that I last saw the deceased alive on 5-23-54, 19, and that death occurred at 5:55P m., from the causes and on the date stated above.****23a. SIGNATURE** (Degree or title)**Elizabeth K. Gay M.D.****23b. ADDRESS****1515 Lafayette Avenue****23c. DATE SIGNED****5-24-54****24a. BURIAL, CREMATION, REMOVAL** (Specify)**removal****24b. DATE****5-25-54****24c. NAME OF CEMETERY OR CREMATORY****Resurrection Cemetery****24d. LOCATION** (City, town, or county) (State)**St. Louis Co., Missouri****DATE REC'D BY LOCAL REG.****MAY 25 1954****REGISTRAR'S SIGNATURE****Carl Smith M.D.****25. FUNERAL DIRECTOR'S SIGNATURE****Thomas Kutis****ADDRESS****2906 Gravois Ave.**

(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
Signature of Student Embalmer

Signed *Leo J. Buddie*

Licensed Embalmer No. *3989*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.