

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1955

State File No. **3180**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **#26**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Belleville	
c. LENGTH OF STAY (in this place) 73 days		d. STREET ADDRESS (If rural, give location) 6001 W. MAIN ST. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSP			

3. NAME OF DECEASED a. (First) Genevieve b. (Middle) FR. c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) JAN 1, 1955		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct. 31, 1902		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		IF UNDER 15 MIN. Mtn.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) Illinois				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME WILLIAM SCULLY			13b. MOTHER'S MAIDEN NAME KATHRYN ENLIGHT			14. NAME OF HUSBAND OR WIFE EUGENE J. THOMAS		
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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 Eugene J. Thomas				ADDRESS 6001 W. MAIN Belleville ILL			
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Carcinoma left breast						4 yrs	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		
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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?	
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22. I hereby certify that I attended the deceased from **10-21-54** 19____, to _____, 19____, that I last saw the deceased alive on **1-1-** 19**55**, and that death occurred at **11:40** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Ramsay M.D.		23b. ADDRESS 4952 Maryland St. Louis 8, Mo.		23c. DATE SIGNED 1-3-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN 3 1955		24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL		24d. LOCATION (City, town, or county) (State) Belleville ILL.	
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DATE REC'D BY LOCAL REG. JAN 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. EMERALD DIRECTOR'S SIGNATURE W. K. Reuser		ADDRESS Belleville ILL.	
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(Licensed Embalmer's Statement on Reverse Side)

APR 26 1955

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.....

not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Geo. Renner

Signed.....

Student Embalmer

Licensed Embalmer No. *20314*

P. O. Address *Belleville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.