

BIRTH NO. FILED JUL 21 1955 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1620

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>230 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>4560 EVANS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>D.</u>	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-12-55</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-12-80</u>	9. AGE (In years last birthday) <u>15 YRS.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BIRMINGHAM, ALA.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JAMES THOMAS</u>	13b. MOTHER'S MAIDEN NAME <u>MACIL MC DORY</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH THOMAS</u>
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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) <u>YES SPAW</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS., 23, MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>UNKNOWN</u>
	DUE TO (c) <u>CHRONIC BRAIN SYNDROME ASSOCIATED WITH CEREBRAL ARTERIOSCLEROSIS WITH</u>		<u>UNKNOWN</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>PSYCHOTIC REACTION.</u>	20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, 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 VA attended the deceased from 11-24, 1954, to 7-12, 1955, that VA was the cause of death, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Westphalinger</u> (Degree or title)	23b. ADDRESS <u>VET. ADM. HOSPITAL, ST. LOUIS, MO. MO.</u>	23c. DATE SIGNED <u>7-12-55</u>
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24a. FUNERAL, CREMATION (Specify)	24b. DATE <u>July 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/16/55</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u>	ADDRESS <u>3133 Bell Ave.</u>
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WRITE PLAINLY - USE 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 *S. J. Skaton*
.....
Licensed Embalmer No. *2690*
P. O. Address *2769th*

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.