

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

31717

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2054

|  |                                  |  |   |  |   |   |  |  |
|--|----------------------------------|--|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                                  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____  |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>University City</u>   |                                  | c. LENGTH OF STAY (In this place)<br><u>1 week</u>   |   | c. CITY OR TOWN <u>St. Louis</u> ?   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8065 Teasdale Avenue</u>  |                                  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>6734 Clayton Avenue</u>  |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>IRA</u><br>b. (Middle) <u>EDWARD</u><br>c. (Last) <u>THOMAS</u>  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>9 2 55</u>           |  |   |   |  |  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>                               | 8. DATE OF BIRTH<br><u>July 3, 1878</u>                             |  | 9. AGE (In years last birthday)<br><u>77</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired railroad conductor- Railroad</u>   |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u>                |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Russellville, Kentucky</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |  |
| 13a. FATHER'S NAME<br><u>James Thomas</u>  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Maynie Lane</u>                     |  | 14. NAME OF HUSBAND OR WIFE<br><u>Pauline L. Thomas</u>                             |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>700-03-9257</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Pauline L. Thomas-6734 Clayton Avenue</u>  |   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                                  |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the pancreas.</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardio-vascular disease</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>June 2/55</u> |
| 19a. DATE OF OPERATION<br><u>July 26, 1955</u>   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Inoperable carcinoma of the pancreas.</u>                       |   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |  |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?   |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Feb. 22</u> , 19 <u>44</u> , to <u>Sept. 2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept. 2</u> , 19 <u>55</u> , and that death occurred at <u>1:05</u> m., from the causes and on the date stated above. |                                  |  |   |  |   |   |  |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree of title)  |                                  |  |   | 23b. ADDRESS<br><u>634 North Grand</u>   |   | 23c. DATE SIGNED<br><u>Sept. 2, 1955</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   |                                  | 24b. DATE<br><u>9-6-55</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Missouri</u>  |   |  |  |
| DATE REC'D BY LOCAL REG.<br><u>9/6/55</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |   | 5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>R. Lupton &amp; Sons-7233 Delmar Blv'd.,</u>   |   |   |  |  |

(Licensed Embalmer's Placement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. J. P. Standa  
Mr. Shuster  
By  
J.E. 3-8620  
1-4 PM

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.....  
Arnold W. Schoene

Licensed Embalmer No. 386  
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.