

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38957**  
Registrar's No. **10394**

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. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital** STREET ADDRESS (If rural, give location) **20 2818 Howard** **g2090**

3. NAME OF DECEASED a. (First) **Melvina** b. (Middle) \_\_\_\_\_ c. (Last) **Thomas** 4. DATE OF DEATH (Month) **11** (Day) **23** (Year) **55**

5. SEX **F** 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widowed** 8. DATE OF BIRTH **10-14-1900** 9. AGE (In years last birthday) **55**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and State or Foreign Country) **Louisiana** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Isrand Anderson** 13b. MOTHER'S MAIDEN NAME **Mary** 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) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Willie Thomas** ADDRESS **1519 So. 3 St. Q.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Ampulla of Vater - Carcinoma** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH **Undt.**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES -  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Biliary Cirrhosis of Liver**  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **11-21-55** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of Pancreas - Obstructive Jaundice** 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) **159X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **11-1**, **1955**, to **11-23**, **1955**, that I last saw the deceased alive on **11-23**, **1955**, and that death occurred at **1:42 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank O. Richards M.D.** 23b. ADDRESS **2601 N. Whittier** 23c. DATE SIGNED **11-28-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-30-55** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery St. Louis** 24d. LOCATION (City, town, or county) (State) **TRD**

DATE REC'D BY LOCAL REG. **NOV 29 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. L. Bell** ADDRESS **W. L. Bell**

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 *Samuel H. Dunlop*

Licensed Embalmer No. *48*

P. O. Address *4415 Ave*

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.