

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42693
10624

FILED JAN 6 1956

State File No. 42693
Registrar's No. 10624

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis
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 2717 Thomas Street
e. STREET ADDRESS (If rural, give location) 2717 Thomas Street

3. NAME OF DECEASED
a. (First) Benjamin
b. (Middle) Thomas
c. (Last) Thomas
4. DATE OF DEATH (Month) 12 (Day) 2 (Year) 55

5. SEX Female
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-23-1892
9. AGE (In years last birthday) 63

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathan Thomas
13b. MOTHER'S MAIDEN NAME Liza Savage
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
16. SOCIAL SECURITY NO. WW 1
17. INFORMANT'S SIGNATURE OR NAME Pruet Thomas
ADDRESS 2717 Thomas Street

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure
ANTECEDENT CAUSES (Heart)
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
Conditions contributing to the death but not related to the disease or condition causing death.

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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:11 A.M., from the causes and on the date stated above.

22a. SIGNATURE James M Kelly
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 12-5-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-7-55
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG. DEC 5 1955
REGISTRAR'S SIGNATURE J. Carl Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.

(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..... *Fulton E. Culkin*

Licensed Embalmer No. *419*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.