

FILED JAN 6 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

318

1003

42694
State File No. 10748
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) St. Louis				c. LENGTH OF STAY (in this place) 6 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2559 Maiden Lane				220/0	
3. NAME OF DECEASED (Type or Print) Eddie		a. (First)		b. (Middle) Mack		c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) 12 5 55	
5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2--14--1902		9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Booth Cold Storage			11. BIRTHPLACE (City and State or Foreign Country) Mason, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jim Thomas			13b. MOTHER'S MAIDEN NAME Maria Elder			14. NAME OF HUSBAND OR WIFE Stella Thomas			
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. 409-36-7128		17. INFORMANT'S SIGNATURE OR NAME Stella Thomas			ADDRESS 2559 Maiden Lane	
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) Rheumatic heart disease with mitral insufficiency.						INTERVAL BETWEEN ONSET AND DEATH Undt.	
		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 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 <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)		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 8-23- , 19 55 , to 12-5- , 19 55 , that I last saw the deceased alive on 12-5- , 19 55 , and that death occurred at 5:30a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. B. Williams				23b. ADDRESS M.D. 2601 N. Whittier Street		23c. DATE SIGNED 12-5-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-8--55		24c. NAME OF CEMETERY OR CREMATORY Covington, Tenn.		24d. LOCATION (City, town, or county) (State) Covington, Tenn.			
DATE REC'D BY LOCAL REG. DEC 8 1955		REGISTRAR'S SIGNATURE J. Carl Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE Russell Undertaking Co.		ADDRESS 2732 Pine		

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.....
James A. Carter

Licensed Embalmer No.....

P. O. Address.....
H. L. Smith

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.