

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11522**
Registrar's No. **2692**

FILED APR 2 - 1956

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 ILLINOIS b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 2 DAYS		c. CITY OR TOWN GRANITE CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LUKES HOSPITAL		e. STREET ADDRESS (If rural, give location) 2505 SHERIDAN AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle)		c. (Last) THOMAS	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 13 1956		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 15, 1909		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY STYLE SHOP		11. BIRTHPLACE (City and State or Foreign Country) ELWOOD, INDIANA	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME DAVID THOMAS		13b. MOTHER'S MAIDEN NAME HANNAH JONES	
14. NAME OF HUSBAND OR WIFE EILEEN 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. 333-03-4532	
17. INFORMANT'S SIGNATURE OR NAME Eileen Thomas		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
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) (Min)		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 10/17, 1951 , to 3/13, 1956 that I last saw the deceased alive on 3/13, 1956 and that death occurred at 11:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS St Louis, Mo. 520 Washington		23c. DATE SIGNED MAR 15 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-14-'56		24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL	
24d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS		DATE REC'D BY LOCAL REG. MAR 15 1956		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Granite City			

(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..... *Charles E. Merritt*

Licensed Embalmer No. *296*

P. O. Address *Granite*

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