

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22160

FILED JUN 29 1956

318

1003

State File No. ....

Registrar's No. 5827

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. 5827			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1422 Hills Terrace</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b>			b. (Middle) _____			c. (Last) <b>Thomas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 16 56</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>April 24, 1910</b>		9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Columbus, Miss.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>John Thomas</b>				13b. MOTHER'S MAIDEN NAME <b>Etta Witherspoon</b>				14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>W.W.II</b>		16. SOCIAL SECURITY NO. <b>478-18-1063</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ada Holmes</b>			ADDRESS <b>2316 Pine St.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcoma of Rectum</b>							<b>Undet.</b>		
		* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
		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 <b>157x</b>							20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>4-3-</b> 19 <b>56</b> , to <b>6-16-</b> 19 <b>56</b> , that I last saw the deceased alive on <b>8-16-</b> 19 <b>56</b> , and that death occurred at <b>1:15 p. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Merle Herriford, M.D.</b>				23b. ADDRESS <b>2601 North Whittier</b>				23c. DATE SIGNED <b>6-19-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 21, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) <b>Jefferson City</b>		(State) <b>Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUN 19 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. RANDLE &amp; SON</b>			ADDRESS <b>3133 Bell Ave.</b>			

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 *Esther K. Harris*

Licensed Embalmer No. *445*

P. O. Address *4181 N. ...*

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.