

FILED NOV 16 1956

STATE FILE NUMBER 36300
9705
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Length of stay in 1b		STREET ADDRESS (If outside, give location) 4001 Delmar	
3. NAME OF DECEASED (Type or print) Percy Thomas				4. DATE OF DEATH Month Day Year 10 21 56			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 23 April 1896	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Bolin Miss		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME George Thomas				14. MOTHER'S MAIDEN NAME Laura Blue			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give kind or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Address Margaret Betoman 4219 W. Maffett			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH undet	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 7-28-56 to 10-21-56 and last saw ^{Max} him alive on 10-21-56 Death occurred at 4:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank D. Richards, M. D.				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 10-22-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 25 Oct 56		23c. NAME OF CEMETERY OR CREMATORY Greenwood CEM.		23d. LOCATION (City, town, or county) St Louis Co., Mo	
24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Hqs 1389 N Union			25. DATE RECD. BY LOCAL REG. OCT 24 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. J.C.P.		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul J. Freeman*.....

Licensed Embalmer No. *46*.....

P. O. Address *49291a*.....

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.