

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39968
STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2714

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Res. 6940 Columbia</u>			Length of stay in 1b <u>17yrs</u>		d. STREET ADDRESS (If outside, give location) <u>6940 Columbia</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Travilla</u> Last <u>Thomas</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1894</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 19, 1894</u>		9. AGE (In years last birthday) <u>61yrs</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent for Childrens Magazines</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>James C. Travilla</u>				14. MOTHER'S MAIDEN NAME <u>Mary Moffitt</u>		HUSBANDS NAME <u>Emil Thomas</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Miss Mary Thomas 6940 Columbia</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> <u>generalized arteriosclerosis -</u> 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) <u>Cardiac Insufficiency, Parkinsons Disease -</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>And 1/2 day</u>							
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>no injury</u>				
20c. TIME OF INJURY Hour _____ 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 <u>Mar. 1956</u> to <u>Nov 1956</u> and last saw her alive on <u>11/14/56</u> . Death occurred at <u>6:00</u> <u>11/15/56</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John B. Meyers M.D.</u> (Degree or title)				22b. ADDRESS <u>3903 Olive St.</u>		22c. DATE SIGNED <u>11/15/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov. 17, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>			
24. FUNERAL DIRECTOR <u>Alexander & Sons, Inc. 6175 Delmar Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>11-16-56</u>	26. REGISTRAR'S SIGNATURE <u>Herbert A. Donohue MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
300-1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

Dr.

W. T. Higgins
1372 3rd St.

1-6
O.C. 4-3888
D.O. 3-2-19
C-29 PERMITS

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 *Jos. E. McCulloch*

Licensed Embalmer No. *24*

P. O. Address *6175th*

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.