

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43984

FILED DEC 27 1956

STATE FILE NUMBER 10912

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St Louis</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i> Length of stay in <i>20</i> days		d. STREET ADDRESS <i>2930 (Horn)</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>William</i> First Middle Last <i>Thomas Jr.</i>		4. DATE OF DEATH <i>Nov 29 1956</i> Month Day Year	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11 Nov 1895</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>City of St Louis</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Leborer</i>	9c. BIRTHPLACE (City and state or county) <i>Allemdale Mo</i>
10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		11. FATHER'S NAME <i>Henry Thomas</i>	
12. MOTHER'S MAIDEN NAME <i>Wattie</i>		13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes - no - unknown) <i>No</i> (If yes, give dates of service)	
14. SOCIAL SECURITY NO. <i>—</i>		15. INFORMANT <i>William Thomas Jr.</i> Address <i>2650 Spruce</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of Prostate with Metastases & Leucosis</i> DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <i>177X</i>		
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 _____ to _____ and last saw her alive on _____ Death occurred at <i>9:50 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Reginald J. Jones</i> (Date) <i>11/30/56</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>11/30/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1 Dec 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calhoun Cemetery</i>	23d. LOCATION (City, town, or county) <i>St Louis Mo</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Co.</i> ADDRESS <i>1399 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 30 1956</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Death, disease, or injury, or cause of death, must be causally related. Coroner cannot certify to a death due to natural causes.

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 Paul V. Freeman

Licensed Embalmer No. 46

P. O. Address X729K

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.