

FILED DEC 19 1957

Registration District No.

318

Primarily Registration District No.

1003

11523

Registration District No.

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 inhospital, give location) HOSPITAL OR INSTITUTION Mr. Homer Phillips Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 2250 Cass Apt. 1000 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gussie Middle L Last Thomas		4. DATE OF DEATH Month 11 Day 27 Year 57	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-27-1916
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months 6 Days 5 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY Cleaning	
11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Thomas		14. MOTHER'S MAIDEN NAME Liza Clanton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 225-22-6622	
17. INFORMANT Minnie Thomas		Address 2250 Cass Apt. 1000	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neurothorax secondary to penetration of Pulmonary Rib DUE TO (b) Hibem. Due to Fractured Ribs DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY 3:31 p.m. 11 27 57	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	
20e. CITY, TOWN, OR LOCATION St. Louis		COUNTY No STATE E978+	
21. I attended the deceased from 342 R to and last saw her/him alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ellis		22b. ADDRESS 1300 Elm	
22c. DATE SIGNED 12/19			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-4-57	
23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
24. FUNERAL DIRECTOR ADDRESS Ellis Funeral Home 2820 Stoddard St.		25. DATE RECD. BY LOCAL REG. DEC 2 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

013

DATE OF

DEATH

DATE OF

PLACE OF DEATH

PLACE OF DEATH

SEX

HAIR

COMPLEXION

AGE

HEIGHT

WEIGHT

HAIR

HAIR

2107-78-3

HAIR

HAIR

HAIR

HAIR

HAIR

HAIR

HAIR

HAIR

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 *Fulton E. Culkin*

Licensed Embalmer No. *119*

P. O. Address *St. Louis*

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.