

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016150
State File No.

FILED APR 18 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3605

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 Wk.</u>		c. CITY OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>34 St. Mary's Infirmary</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THOMAS</u>		b. (Middle) <u>MAPLES</u>			
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3 28 58</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Oct 6, 1880</u>		9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pullman Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Athens, Ala.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Abe Maples</u>		13b. MOTHER'S MAIDEN NAME <u>Martha ??????</u>			
14. NAME OF HUSBAND OR WIFE <u>Lillian Johnson Maples</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>709-09-2519</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Lillian J. Maples</u>		ADDRESS <u>4240 W. Cook</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia Uremia</u> <u>Ureteral Obstruction</u> ANTECEDENT CAUSES <u>Ureteral obstruction</u> Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>carcinoma of colon</u> DUE TO (c) <u>Carcinoma of colon</u> II. OTHER SIGNIFICANT CONDITIONS <u>malnutrition</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>				INTERVAL BETWEEN ONSET AND DEATH <u>January 58</u> <u>To March 58</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153.8</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>January 19 58</u> , to <u>3/28/ 19 58</u> , that I last saw the deceased alive on <u>3-28 19 58</u> , and that death occurred at <u>8:25 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>B. Prophete</u>		B. Prophete MD (Degree or title)		23b. ADDRESS <u>43136a Easton St Louis</u>			
23c. DATE SIGNED <u>3/29/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/31/58</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>MAR 31 58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u>			
25. ADDRESS <u>4108 Finney</u>		(Licensed Embalmer's Statement on Reverse Side)					

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 *Grayton Severin*.....
Licensed Embalmer No. *458*.....

P. O. Address *4107 Finn*.....

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.