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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016726
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 971

1. PLACE OF DEATH a. COUNTY: St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clayton — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: University City 4326 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis County Hospital — Length of stay in 1b: DOA	d. STREET ADDRESS (If outside, give location): 6646 Bartmer — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Harry Middle: Last: Thomas		4. DATE OF DEATH Month: April Day: 3, Year: 1958	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]	8. DATE OF BIRTH: July 30,1892
9. AGE (In years last birthday): 65	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter	10b. KIND OF BUSINESS OR INDUSTRY: Painting	11. BIRTHPLACE (City and state or country): Graniteville,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Alexander Thomas	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Unavailable	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Gerald Thomas, Address: 5763 Westminster	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) unknown natural causes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

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) 7954

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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/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): John C. Murphy M.D. for Herbert R. Domke, MD, Local Registrar	22b. ADDRESS: 651 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 4-4-58	23c. NAME OF CEMETERY OR CREMATORY: Thomas Cemetery	23d. LOCATION (City, town, or county) (State): Graniteville,Mo.
24. FUNERAL DIRECTOR: Albert H.Hoppe, ADDRESS: 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG.: 4-7-58	26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. .....
P. O. Address .....

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.