

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016727

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1065

300
-57

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON MO</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. L. Co. Hosp.</u>		d. STREET ADDRESS <u>931 CORNELIUS</u>	
Length of stay in lb <u>9 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Henry</u> Last <u>Thomas</u>			4. DATE OF DEATH Month <u>4</u> Day <u>12</u> Year <u>58</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 11, 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of deceased's life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLEANING</u>		11. BIRTHPLACE (City and state or country) <u>ANDERSON COUNTY TEX.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>MR THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE THOMAS (DECEASED)</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>UNK.</u>		17. INFORMANT <u>John Thomas 2936 Hickory</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>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9.6 hours.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bilateral Unilateral obstruction</u> DUE TO (c) <u>Adenocarcinoma of prostate with metastases.</u>		
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"/>		<u>177X</u>

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.)		
20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>11:45</u> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 4-3-58 to 4-12-58 and last saw her/him alive on 4-12-58
Death occurred at 10:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chuk L. Klagadorn, M.D.</u>	22b. ADDRESS <u>601 So. Brentwood</u>	22c. DATE SIGNED <u>4-13-58</u>
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23a. BURIAL CREMATION, REBURNAL (Specify)	23b. DATE <u>4-18-58</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Father Neckers</u>	23d. LOCATION (City, town, or county) (State) <u>Crestwood Mo</u>
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24. FUNERAL DIRECTOR <u>J. Gaudell & Sons 176. Kerwin</u>	25. DATE RECD. BY LOCAL REG. <u>4-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Heardard Gaud*

Licensed Embalmer No. *424*

P. O. Address *318 E. ...*

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.