Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020215
STATE FILE NUMBER

MAY 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5304

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Baptist Hosp. — Length of stay in Hospital: 50 yrs. 2/7

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3852 Flora Place — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Walter — Middle: D. — Last: Thomas

4. DATE OF DEATH: Month, Day, Year: May 17, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: August 8, 1886

9. AGE (In years on last birthday): 71 — 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): Architectural Sculptor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): De Witt, Carroll County, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Archer D. Thomas

13b. MOTHER'S MAIDEN NAME: Belle Cochran

14. NAME OF HUSBAND OR WIFE: Ruth Felker Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ruth Thomas, Address: 3852 Flora Place

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 4 yrs
DUE TO (c): 331+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease -

19. WAS AUTOPSY PERFORMED? YES [X] 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 2 May 58, to 17 May 58 and last saw ~~her~~ him alive on 16 May 58
Death occurred at 4:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard G. Bowes MD
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: 19 May 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 20, 1958
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Beiderwieden F.H. Inc., 1936 St. Louis
25. DATE RECD. BY LOCAL REG.: MAY 20 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

3720 Washington

2-3 30

Mon

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 Gustav W. Dieter

Licensed Embalmer No. 4329

P. O. Address St Louis 9

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.