

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031028  
STATE FILE NUMBER  
858

XC 2441761  
SL 33

FILED SEP 8 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7858

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. ST. LOUIS 8120		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 Vet Adm, Hospital		Length of stay in lb 40 Days	d. STREET ADDRESS (If outside, give location) 32 1410 LAWRENCE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charley Thomas			4. DATE OF DEATH Month Day Year August 10 1958		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/23/77	9. AGE (In years Birthdays) 81	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Martin, Tenn. 1		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jackson Thomas		13b. MOTHER'S MAIDEN NAME Silestia Williams		14. NAME OF HUSBAND OR WIFE Izettie Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) Yes SPAN		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address VA Hospital Records, St. Louis, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONITIS					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RECURRENT PLEURAL EFFUSION, CAUSE UNKNOWN					UNKNOWN
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE					UNKNOWN
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 0031		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7/1/58 to 8/10/58 and last saw him alive on 8/10/58 Death occurred at 11:14 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22b. SIGNATURE CHARLES G. THIERAUF M.D.		22b. ADDRESS VAH, St. Louis, Missouri		22c. DATE SIGNED 8/11/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/11/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Bks., Mo.
24. FUNERAL DIRECTOR Marion's Office 2114 Missouri Ave St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. AUG 12 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

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 *Frank Parker* .....

Licensed Embalmer No. *4356* .....

P. O. Address *St Louis mo* .....

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.