

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046401

STATE FILE NUMBER

12237

Registration District No. 318 Primary Registration District No. 1003 Registrar's Office No. 12237

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hosp. 1 mo. 2/1/58		d. STREET ADDRESS (If outside, give location) 2514 N. Garrison	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First Middle Last Bennie Thomas			4. DATE OF DEATH Month Day Year Dec. 14 1958		
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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 August 5, 1905	9. AGE (In years last birthday) 53	FUNDER 1 YEAR Months 4 Days 9 Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Packing House	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Ernest Thomas	13b. MOTHER'S MAIDEN NAME Maggie Cooper	14. NAME OF HUSBAND OR WIFE Mary Thomas
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-12-2585	17. INFORMANT Address Mary Thomas 2514 N. Garrison Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Label pneumonia</i> DUE TO (b) <i>Cardiac Hypertrophy</i> DUE TO (c) <i>Atrophic Ulcers</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture of the left hip.</i>		INTERVAL BETWEEN ONSET AND DEATH
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> DATE AND TIME OF INJURY OCCURRED <i>1958 in hip same</i>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>At Home</i>	20c. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo</i>
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20c. TIME OF INJURY Hour Month, Day, Year <i>12 7 58</i>	20d. INJURY OCCURRED WHILE AT WORK <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.) <i>At Home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis Mo</i>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at *115A* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Patrick C. Taylor Carouee</i>	22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>12-18-58</i>
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23a. BURIAL, _____ , (Specify) <i>12-19-58</i>	23b. DATE <i>12-19-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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24. FUNERAL DIRECTOR <i>E. B. Koozee</i>	ADDRESS <i>1221 N. GRAND</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 18 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5. 300
1-57

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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 

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.