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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007702  
STATE FILE NUMBER  
1375

FEB 26 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1315 a Goodfellow</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clara Bell Thomas</u>			4. DATE OF DEATH Month Day Year <u>2 - 5 - 1959</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8 - 20 - 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas / USA</u>
13a. FATHER'S NAME <u>Charlie Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Mae Garrett</u>	14. NAME OF HUSBAND OR WIFE <u>Sammie Smith</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>none</u>	17. INFORMANT Address <u>Ella Mae Thomas 1315a Goodfellow</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>Multiple Fractures</u> <u>Brachio Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>suffered in accident in</u>		INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SKIcide HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. TYPE OF INJURY OCCURRED. (State nature of injury in PART II (a) or (b) if in PART I (a) or (b)) <u>Verdict December 24, 1958. Cause and manner of same could not be determined.</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>12:24</u> p.m. <u>58</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>65</u>	20f. CITY, TOWN, OR LOCATION <u>191</u> COUNTY <u>Missouri</u> STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deceased or other) <u>Raymond Quinn</u>		22b. ADDRESS <u>1300 Clair</u>
22c. DATE SIGNED <u>2/9/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2 - 11 - 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>
23d. LOCATION (City, town, or county) <u>St. Louis Co.</u>		23e. STATE <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Dunn Funeral Home 3847 Page</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 9 '59</u>
26. REGISTRAR'S SIGNATURE <u>Leon Smith, M.D.</u>		

MEDICAL CERTIFICATION  
All diagnoses 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 .....  
Signature of Student Embalmer

Signed *Arthur L. Hilliard* .....

Licensed Embalmer No. *4221*.....  
P. O. Address *3100 Easton a*.....

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.