

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019702

STATE FILE NUMBER

2 4567

FILED MAY 26 1959 Registration District No. Primary Registration District No. Registrar No.

300

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174
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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 Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis (11) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1209 Cass Ave.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5820 Alabama Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) FLOYD E. THOMAS, JR.			4. DATE OF DEATH Month May Day 8 Year 1959		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 29, 1936	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY White-Rodgers Co.	11. BIRTHPLACE (City and state or country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Floyd Thomas, Sr.		13b. MOTHER'S MAIDEN NAME Bernadine Meller		14. NAME OF HUSBAND OR WIFE Dora Jean Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 494-36-1585	17. INFORMANT Address Dora Jean Thomas 5820 Alabama Ave (11)		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) **Multiple Traumatic Injuries**
DUE TO (b) _____
DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (E for nature of injury of PART I or PART II of item 18.)
Shuffled while working at 1209 Cass Avenue, about 7:00 am

20c. TIME OF INJURY
Hour **11:00** a.m. Month **5** Day **8** Year **1959**

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.)
26th Factory

20f. CITY, TOWN, OR LOCATION
St Louis Mo

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
Paul Simon (Deputy Registrar) 3

22b. ADDRESS
1300 Clark

22c. DATE SIGNED
5/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
May 12, 1959

23c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State)
Lemay (25) Mo.

24. FUNERAL DIRECTOR
Fendler Und, Co. ADDRESS
7420 Michigan Ave.

25. DATE RECD. BY LOCAL REG.
MAY 11 '59

26. REGISTRAR'S SIGNATURE
Paul Smith, M.D.
mjr

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

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, as well as the embalmer.

If this body is not embalmed, fact should be so stated above.