URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034605

FILED VS SEP 16 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2439

ENDED

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO — Length of stay in 1b 2 HRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) COUNTY HOSPITAL — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ST LOUIS
c. CITY OR TOWN BRENTWOOD MO — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 8623 DARLING — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First HENRY Middle Last THOMAS

4. DATE OF DEATH Month 9 Day 7 Year 1959

5. SEX MALE
6. COLOR OR RACE NEGRO
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5 JUNE 1877
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE
10b. KIND OF BUSINESS OR INDUSTRY LABORER
11. BIRTHPLACE (City and state or country) CHESTERFIELD MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME TOM THOMAS
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE CATHERINE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 492-05-6882
17. INFORMANT Catherine Thomas Address 8623 Darling

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) CEREBRAL INFARCTIONS of (R) temporal & occipital lobes — UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — UNKNOWN
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PULMONARY ARTERY THROMBUS, ASHD, HCVD, OLD INFARCTION (L) VENTRICLE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ 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 9-7-1959, to 9-7-1959 and last saw her/him alive on 9-7-1959
Death occurred at 10 15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ronald C. Passmore, M.D.
22b. ADDRESS 601 S. BRENTWOOD BL.
22c. DATE SIGNED 9-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sep 14-59
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery
23d. LOCATION (City, town, or county) Crestwood (State) Mo

24. FUNERAL DIRECTOR T. T. Yandell & Sons ADDRESS 177 East Kiklam
25. DATE RECD. BY LOCAL REG. 9-11-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Theodore J Yandek

Signature of Student Embalmer

Licensed Embalmer No. 42 4

P.O. Address 130 Eldr

Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.