

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017750

FILED VS MAY 6 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1317

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Length of stay in 1b <b>10 Days</b>		c. CITY OR TOWN <b>Berkeley</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6313 Witsell Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>C.</b> Last <b>Thomas</b>				4. DATE OF DEATH Month <b>4</b> Day <b>20</b> Year <b>60</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-23-98</b>		9. AGE (last birthday) <b>61</b>		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) <b>Meter Repair</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Co. Water</b>		11. BIRTHPLACE (City and state or country) <b>Ridgway, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Joseph Thomas</b>				13b. MOTHER'S MAIDEN NAME <b>Rose Haunslor</b>				14. NAME OF HUSBAND OR WIFE <b>Margaret Michael Thomas</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>492-098-299</b>		17. INFORMANT Address <b>Margaret Thomas Berkeley, Missouri</b>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cor Pulmonale</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary Emphysema</b> DUE TO (c) <b>13 "</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)											
20c. TIME OF INJURY Hour <b>3-1-58</b> Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3-1-58</b> to <b>4-20-60</b> and last saw him alive on <b>4-20-60</b> Death occurred at <b>12:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <b>Paul Murphy MD</b>						22b. ADDRESS <b>508 N Grand</b>				22c. DATE SIGNED <b>4-21-60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-23-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Normandy, Missouri</b>							
24. FUNERAL DIRECTOR ADDRESS <b>White-Mullen 118 N. Florissant Rd. Ferg.</b>				25. DATE RECD. BY LOCAL REG. <b>4-22-60</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100.3  
Approved  
100.3

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lehman

Licensed Embalmer No. 3395

P. O. Address St. Louis

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