RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

LED VS NOV 17 1960 XC 608895 318 SL 19181 — 60-044289

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10730 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 20 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5217 A ENRIGHT
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: G. Last: THOMAS

4. DATE OF DEATH Month: NOVEMBER Day: 3 Year: 1960

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4-4-97

9. AGE (last birthday): 63

IF UNDER 1 YEAR: Months: 6 Days: 29
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLIE THOMAS

13b. MOTHER'S MAIDEN NAME: MATTIE UNKNOWN

14. NAME OF HUSBAND OR WIFE: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 488-07-9132

17. INFORMANT: Clara Madison Address: 5030A Maple, ST. LOUIS, MO.

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)	BRONCHOGENIC CARCINOMA	3 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	- - 162.1 -	-
DUE TO (c)	- - -	-

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. ☐ 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. VA attended the deceased from 10-14-60, to 11-3-60 and last saw him alive on 11-3-60

Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George A. Luther M.D.
GEORGE A. LUTHER M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 11/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: II/8/60

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Bks, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wright Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.: NOV 7 1960

26. REGISTRAR'S SIGNATURE: Hood Smith M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arthur L. Hellard

Licensed Embalmer No. 422

P. O. Address 3100 Cent

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