RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12238

-60-047502
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY MO
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Do A. Homer Phillips
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2505 N. Sarah
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Thomas Middle Last Ghant Jr.
4. DATE OF DEATH Month 12 Day 19 Year 60
5. SEX M
6. COLOR OR RACE N
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5 16 1894
9. AGE (last birthday) 66
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) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Artesia Miss
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Thomas Ghant. S.R.
13b. MOTHER'S MAIDEN NAME Mollie Talden
14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-07-8156
17. INFORMANT A. G. Parker Address 2505 N. Sarah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 3rd degree burns of 50% of body, when clothing caught on fire in home on
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) September 7, 1960. Exact time and cause of same could not be determined
DUE TO (c) Accident
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9160 – 16
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.) See above
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-7-60
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.) Home
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 12 40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner
22b. ADDRESS 1300 Clark Ave.
22c. DATE SIGNED 12-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12 23 60
23c. NAME OF CEMETERY OR CREMATORY Father Dyer
23d. LOCATION (City, town, or county) Kirkwood (State) MO
24. FUNERAL DIRECTOR A. H. Burke ADDRESS 3506 Franklin
25. DATE RECD. BY LOCAL REG. DEC 21 1960
26. REGISTRAR'S SIGNATURE Fred Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

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 Leroy W. Bannister

Licensed Embalmer No. 2345

P. O. Address 425 Washin

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