

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6266 STATE FILE NUMBER

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL #1</u>		d. STREET ADDRESS (If outside, give location) <u>2123 O'FALLON ST.</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>TINA</u> Middle <u>JINA</u> Last <u>THOMAS</u>			4. DATE OF DEATH Month <u>7</u> Day <u>2</u> Year <u>61</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> <u>BABY</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-15-59</u>	9. AGE (last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BABY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BABY</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>L.Z. THOMAS</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE FOSTER</u>	14. NAME OF HUSBAND OR WIFE <u>BABY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>BABY</u>	16. SOCIAL SECURITY NO. <u>BABY</u>	17. INFORMANT <u>JOSEPHINE THOMAS</u>	Address <u>2123 O'FALLO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Atherosclerosis, extensive; Acute Pericarditis.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>401.0</u>		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	
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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.)
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20c. TIME OF INJURY Hour <u>8:45</u> a.m. 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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph M Jackson Deputy Coroner</u>	(Degree or title)	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>7-6-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>7-6-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>
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24. FUNERAL DIRECTOR <u>THOMAS JACKSON</u>	ADDRESS <u>2741 DICKSON ST.</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 6 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Walter H. Jones
Washington, D.C.

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 Leroy W. Jannister

Licensed Embalmer No. 4523

P. O. Address AR 51 Washington

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