

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-032970  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8035**

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |   |   |  |  |   |  |  |   |  |
|--|----------------------------------|---|---|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>ST. Louis</b>                  |   | Length of stay in 1b   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY |   | c. CITY OR TOWN <b>ST. Louis</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D. U. A. City #2.</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>5292 Eringht</b>                         |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |   |  |
| 3. NAME OF DECEASED (Type or print)<br><b>J. D. Thomas Jr.</b>   |                                  |   |   | First  | Middle   | Last  | 4. DATE OF DEATH<br><b>8/17/62</b>   |  |   |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>Negro</b> |   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/18/62</b>   |  | 9. AGE (last birthday)  |  | IF UNDER 1 YEAR<br>Months Days                       | IF UNDER 24 HR<br>Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>ST. Louis MO.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>US</b>   |  |   |  |
| 13a. FATHER'S NAME<br><b>J. D. Thomas Sr.</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Fricck</b>   |  |  | 14. NAME OF HUSBAND OR WIFE                                       |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  | 17. INFORMANT<br><b>J. D. Thomas Sr. 5292 Eringht</b>  |   |  |  | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Interstitial Pneumonia</b>  |                                  |   |   |  |  |   |  |  | 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) <b>525X</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.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  |   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ <b>68A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |   |  |  |   |  |  |   |  |
| 22a. SIGNATURE<br><b>Paul J. Simon</b>   |                                  |   |   | (Degree or title)<br><b>Deputy Coroner</b>   |  | 22b. ADDRESS<br><b>1300 Clark</b>                                 |  | 22c. DATE SIGNED<br><b>8/18/62</b>                   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE<br><b>8/22/1962</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Father Dixon</b>                                    |  | 23d. LOCATION (City, town, or county)<br><b>St. Louis Co. Mo.</b> |  | (State)  |   |  |
| 24. FUNERAL DIRECTOR<br><b>Williams F. Home 5511 ST. Louis ave</b>   |                                  |   |   | ADDRESS  |  | 25. DATE OF REGISTRATION<br><b>AUG 18 1962</b>                    |  | 26. REGISTRAR'S SIGNATURE<br><b>Koal Smith, M.D.</b> |   |  |

**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 El Bernister

Licensed Embalmer No. 4523

P. O. Address 4251 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.