

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6283

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 10003  
 City St. Louis Mo (No. En route Peter Haggel St. Ward)  
 Registered No. 1293

**2. FULL NAME**

Emile William Thurman  
 (a) Residence. No. 107 North 64<sup>th</sup> St. 25 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-18-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 1 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Laborer 237  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unemployed  
 (c) Name of employer Unemployed

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Thurman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Howard Thurman  
 (Address) 2815 South 1<sup>st</sup> St

15. FILED FEB -9 1932 W. H. Stanley  
 19 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1932

17. No Physician in Attendance  
 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., and that death occurred, on the date stated above, at 5:15 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
750 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF (5)

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. Dever M.D.  
1/8 1932 (Address) Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bonne Terre Mo Feb-9 1932

20. UNDERTAKER ADDRESS

A. W. McLaughlin Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARKED RESERVED FOR BINDING

V. NO. 2.

