

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

Do not use this space.

18459

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis No. City Hospital

File No.

Registered No. 4717

St. Ward)

2. FULL NAME

(a) Residence, No. 453 1/2 alice St., 9 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 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) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. Thornhill (Widow)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun. 17th - 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>4</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Dispatch of St. Louis

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Froy, Mo.

13. NAME Simon Thornhill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Margaret Knud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Froy, Mo. DATE May 30 1933

19. UNDERTAKER (ADDRESS) Wm. Hermann

20. FILED 216 1/2 Wm. Hermann

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 28, 1933

I last saw him alive on May 28, 1933 Death is said

to have occurred on the date stated above, at 8:52 a.m.

The principal cause of death and related causes of importance were as follows:

Ac. pneumoniosis
uremia
Benign hypertrophy of prostate
Ac. urinary retention

Name of operation none Date of.....

What test confirmed diagnosis? urinal Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Wm. Macintosh, M. D.

(Address) City, Mo.

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.

Shornan