

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Richmond Heights Mo.

Registration District No. 1170
Primary Registration District No. 6248-H.

File No. 28432
Registered No. 162
St. _____ Ward _____

2. FULL NAME

Diane Thurston

(a) Residence, No. St. Marys Hospital St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-21-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

12. BIRTHPLACE (CITY OR TOWN) Richmond Heights
(STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Eric Thurston

14. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York

15. MAIDEN NAME Olive Laughlin

16. BIRTHPLACE (CITY OR TOWN) Denver
(STATE OR COUNTRY) Colorado

17. INFORMANT Mrs. Phil Higgins
(ADDRESS) Embassy Apts.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Maus DATE July 24 1937

19. UNDERTAKER Alexander Jones
(ADDRESS) 6175 Delmer Blvd.

20. FILED July 23 1937. Sam A. Bassett, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 21 1937 to July 22 1937
I last saw her alive on July 21 1937 Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Date of onset

Prematurity
Pulmonary atelectasis
(partial)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) William Carl Stude M. D.(Address) Themblett Bldg.

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.

William Studde

6612 San Basilio