

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 1003

16358  
Do not use this space.

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis, Mo. (d) Street No. City Sanitarium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Stuart Thornton

(a) Residence, No. 1720 a N. Leffingwell Ave. St. 20  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Kate Thornton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1885  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
53 yrs 2 mos 19

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur  
9. Industry or business in which work was done, as saw mill, bank, etc. Chauffeur  
10. Date deceased last worked at this occupation (month and year) 8-29  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goven Scotland

FATHER  
13. NAME David Thornton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

MOTHER  
15. MAIDEN NAME Helen Moust  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT A.A. Cook, M.D.  
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE MEMORIAL PARK DATE MAY 9, 1938

19. FUNERAL DIRECTOR Goodhart & Goodhart  
(ADDRESS) 2228 N. Louis Ave

20. FILED MAY - 8 1938  
J. B. Bredeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19... to 5-7-38, 19...  
I last saw him alive on 5-7-38, 19... Death is said to have occurred on the date stated above, at 4:05 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Myocardial Degeneration 4-30-38x  
Date of onset  
Paresis 7-1-37x  
Syphilitic Arotitis 7-1-37x

Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) Arnold A. Cook, M. D.  
(Address) 5400 Arsenal St

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.

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart

Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Charles Goodhart

Licensed Embalmer No. 2777

**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.)**