

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.

AUG 15 1938

REC'D SEP 9 1938

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

30017
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Jefferson Primary Registration District No. 111
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital Registered No. 1357
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Thorman
 (a) Residence, No. 9230 Crawford Ave., Rock Hill Village
 (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 Female 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 Walter C. Thorman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/5/1896

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>42</u>	<u>2</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Newark, Ohio
(STATE OR COUNTRY)

FATHER
 13. NAME Albert Fields
 14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Fannie Huff
 16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Walter C. Thorman
(ADDRESS) 9230 Crawford Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zanesville, Ohio DATE 8/16/38

19. FUNERAL DIRECTOR (NAME) WILLIAMS FUNERAL HOME, Inc
(ADDRESS) WEBSTER GROVES, MO.

20. FILED AUG 15 1938 W. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/13/1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Aug. 13, 1938
 I last saw him alive on Aug. 13, 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Bladder 4-6 mos
5-7 yrs

Other contributory causes of importance:
uremia - Hydronephrosis, 2-3 wks obstructive

Name of operation Prostate Inflation Date of Nov. 1937
 What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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? No
 If so, specify J. Volmer M. D.
 (Signed) 767 (Address) 55 W. Big Bend Bl. Webster Groves, Mo.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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 this body is not embalmed; above space should be left blank.