

REC'D DEC 12 1938

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

37941
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 10083
(c) City St. Louis (d) Street No. 2719a Gravois
(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.

Registered No. 10268

2. PRINT FULL NAME

653 Geraldine Thornton
(a) Residence, No. 2719a Gravois St. 23
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 16 1936</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>0</u>	DAYS <u>10</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Mill</u>	
	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 <u>10 7/8</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago ILL.</u>		
FATHER	13. NAME <u>Ralph Thornton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis mo</u>	
MOTHER	15. MAIDEN NAME <u>Pearl Sharp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Ralph Thornton 2919 a Gravois ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St Marcus</u> DATE <u>Nov 28 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Thos Lutis 2906 Gravois Ave</u>		
20. <u>NOV 28 1938</u> <u>J. F. Bredech</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938, to Nov 26, 1938.
I last saw her alive on Nov 26, 1938. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:
Tubercle of Pneumonia Date of onset Nov 22 38

Other contributory causes of importance:
Spelled Cervical lymph glands, non tubercular non malignant cause unknown Nov 19 38

Name of operation None Date of None
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (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) W. S. Sainsbury M. D.
(Address) 3258 Lafayette

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, Thos Leticia, Licensed Embalmer No. 1619

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

Thos Leticia L.E. 1619

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Thos Leticia

Licensed Embalmer No. 1619

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.)