

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully studied. 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.

RECD JUN 14 1939

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

1807A  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421  
 (b) Township Joachim Primary Registration District No. 2-2-75 Registered No. 43  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 560 Frank Louis Thomure

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

|  |   |   |
|--|---|---|
| 3. SEX<br><b>Male</b>  | 4. COLOR OR RACE<br><b>White</b>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Married</b> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><b>Marslie Thomure (Boyer)</b> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec., 30, 1867</b>                                  |   |   |
| 7. AGE   | YEARS<br><b>71</b>  | MONTHS<br><b>5</b>  |
|  | DAYS<br><b>1</b>  | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Painter</b> |   |
|  | 9. Industry or business in which work was done, as saw mill, bank, etc. <b>General Work</b>       |   |
|  | 10. Date deceased last worked at this occupation (month and year) <b>May 10th., 1939</b>          |   |
|  | 11. Total time (years) spent in this occupation <b>40 0</b>                                       |   |
| 12. BIRTHPLACE (CITY OR TOWN) <b>Bloomdsdale</b><br>(STATE OR COUNTRY) <b>Missouri</b>         |   |   |
| FATHER   | 13. NAME <b>Dennis Thomure</b>  |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) <b>Ste. Genevieve Co., Mo.</b><br>(STATE OR COUNTRY)                |   |
| MOTHER   | 15. MAIDEN NAME <b>Sadie LaRose</b>   |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) <b>Ste Genevieve County</b><br>(STATE OR COUNTRY) <b>Missouri</b>   |   |
| 17. INFORMANT <b>Mrs. Frank L. Thomure</b><br>(ADDRESS) <b>Festus Mo.</b>                      |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <b>Festus Mo.</b> DATE <b>6/3/39</b>                |   |   |
| 19. FUNERAL DIRECTOR (NAME) <b>Duester - Vinyard</b><br>(ADDRESS) <b>Festus Mo.</b>            |   |   |
| 20. FILED <u>5/2</u> 19 <u>39</u> <u>J. E. Rutledge</u><br>Local Registrar                     |   |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939, to May 31, 1939  
 I last saw him alive on May 31, 1939 Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral apoplexy Date of onset \_\_\_\_\_  
93C

Other contributory causes of importance:  
Arteriosclerosis  
Chronic myocarditis

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Festus Mo., M. D.  
 (Address) Festus 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, .....

*H. S. Omyard*

....., or by .....

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

Signed.....

*H. S. Omyard*

Licensed Embalmer No. *3010*

P. O. Address

*Festus Mo*

**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.**