

Registration District No.

1002

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis **NOV 17 1939**
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

8. (a) PRINT FULL NAME Jerry Gilbert Thomure **560**8. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male 5. Color or race White6. (a) Single, widowed, married,
divorced Divorced6. (b) Name of husband or wife Nora 6. (c) Age of husband or wife if7. Birth date of deceased March 1 1889
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
50 7 27 hr. min.9. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Barber

11. Industry or business _____

12. Name Lewis Thomure13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Anna Wilson
(City, town, or county) (State or foreign country)15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Rowlander(b) Address 529 N. 37th St. E. St. Louis17. (a) Removal (b) Date thereof 10/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Desloge, Mo.18. (a) Signature of funeral director Albert H. Hoppe.(b) Address 4700 Washington Ave.19. (a) OCT 30 1939 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town Desloge **N.R.**
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1939 hour 11:30 minute P.M.21. I hereby certify that I attended the deceased from July 24, 1935
to Oct 28, 1939;
that I last saw him alive on Oct 28, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Cranial Thrombosis Duration _____

Due to _____

Due to _____

Other conditions See the physician
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____
(e) Means of injury _____28. Signature Marshall K. Kelly (M. D. or other) 1Address 1015 Lafayette Date signed _____

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..... *Guy W Wilkinon*.....

Licensed Embalmer No..... *3575*.....

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.