

**FILED SEP 25 1940**

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Mo. Baptist 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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3908 Olive St.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **68 years** years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **5**  
 year **1940** hour \_\_\_\_\_ minute **45** P. M.  
 21. I hereby certify that I attended the deceased from **July 29**  
 1940 to **August 5** 1940;  
 that I last saw him alive on **August 5** 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
 Duration **1 year**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **Hypertension**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **No Autopsy**

**PHYSICIAN**  
 \_\_\_\_\_  
 Underlines 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 \_\_\_\_\_  
 23. Signature **P. S. Henge** M. D. or other \_\_\_\_\_  
 Address **407 No. Jay St.** Date signed **8/5/40**

3. (a) PRINT FULL NAME **Henry Thorn** **658**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Gertrude** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 12 1862**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 0 23** hr. \_\_\_\_\_ min.

9. Birthplace **England**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Auto Psycho Therapy**

11. Industry or business **Teacher**

12. Name **Unknown** **9**

13. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Howard H. Thorn**

(b) Address **Kansas City, Kans.**

17. (a) **Cremation** (b) Date thereof **8-6-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **8-6-40** (b) **J. A. Bredeck**  
 (Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Albert W. Wapne

Licensed Embalmer No. 1861

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.**