

791 STANDARD CERTIFICATE OF DEATH 1003

State File No.

9647

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Wks
(Specify whether)

In this community Since Birth
years, months or days

FILED DEC 11 1940

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. Ferguson, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Delios F. Thomure

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male
5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian J. Thomure

6. (c) Age of husband or wife if alive 52 yrs

7. Birth date of deceased April 24 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 29
If less than one day hr. min.

9. Birthplace East Bonne Terre Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Wagner Electric Co.

12. Name Thaddeus Thomure

13. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Laura VanArsdale

15. Birthplace St. Marys Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian T. Thomure

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 11/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) NOV 25 1940 (b) *[Signature]*
(Date received local registrar) (City or town)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1940 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov 10 to Nov 22 1940
that I last saw him alive on Nov 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Myocardial Chronic

Due to Toxic factor

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Toxic factor

Of autopsy

Duration

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

23. Signature *[Signature]*
Address 4930 *[Address]* 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 *Samuel Hamilton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, Mo.*

APR 1 1961

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, fact should be so stated above.