

FILED MAR 24 1942
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5043

State File No.

1939

Registrar's No.

Registration District No.

Primary Registration District No. 1003

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:
Park Lane 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 St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1942 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 2
24th, 1942 to March 2, 1942
that I last saw her alive on March 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Crete
Cardiac dilatation Duration 1 day
Due to Failed operation for cholecystitis
no stones
Due to

Other conditions. Myoma of uterus
(Include pregnancy within 3 months of death) non malignant

Major findings:
Of operations Cholecystitis Myoma of uterus
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Allie Thurman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lon 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased. Oct. 6 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 26
If less than one day hr. min.

9. Birthplace. Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

MOTHER FATHER { 12. Name George Cleve

13. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Mialer

15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lon Thurman

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 3-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

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

(b) Address 4700 Washington Ave.

19. (a) MAR 3 1942 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

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)

23. Signature John P. ... (M. D. or other) ...

Address Metropolitan Bldg Date signed 3-2-42

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

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 *W. W. Wilkinson*

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, fact should be so stated above.