

FILED MAR 17 1942

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether _____)
In this community 12 years
years, months or days)

3. (a) PRINT FULL NAME Milton Thurman

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

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Eliza Thurman deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8th
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer, odd jobs,

11. Industry or business _____

MOTHER FATHER { 12. Name Wesley Thurman
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cohen, Ky.
15. Birthplace _____ (State or foreign country)

16. (a) Informant 4223 W. Ashland Ave St Louis,

(b) Address Burial (b) Date thereof 2/3/42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas Gardner

(b) Address 3045 Linden Ave

19. (a) SEP (b) J. F. Bredek (Registrar's signature)

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. 3007 1/2 Rutger (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30, year 1942 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from January 10, 1942 to January 30, 1942 that I last saw him alive on January 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Duration 15 yrs.

Due to _____

Due to _____

Other conditions _____ (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 _____

23. Signature J. W. Johnson (M. Doctor) Address 2601 1/2 Date signed 1/31/42

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.

M. J. Seep

Signed.....
Licensed Embalmer No. 2266-9
P. O. Address..... 2812, Thomas, MS

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.