S. No. 2
M—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3577

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 235

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 1/18/43. (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4733 Page
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME John C. Thurmond
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 499-01-1431
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Francis
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased August (Month) 26, (Day) 1891 (Year)
8. AGE: Years 51 Months 5 Days 1 If less than one day hr. min.
9. Birthplace New London (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business -
FATHER 12. Name George Thurmond
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lenora Hedges
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant M. Schelly
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 1 43 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM.
18. (a) Signature of funeral director Chas. Mc Lean Undr.
(b) Address 7848 S. Broadway
19. (a) FEB 1 1943 (Date received by Registrar) (b) C. Mc Lean M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th, year 1943 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from January 18, 1943 to January 27, 1943 that I last saw him alive on January 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Hypertensive and coronary arteriosclerotic heart disease with myocardial damage, cardiac enlargement, and myocardial insufficiency with
Due to anginal syndrome. Unkn.
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis, generalized. Unkn
Hypertension, arterial. Unkn
Major findings: Of operations No operation.
Of autopsy No 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) no
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. M. Cochran, M.D., (M. D. of other)
Address CHIEF MEDICAL OFFICER Date signed 1/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 Lance C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Lance C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.