

Registration District No. 818

Primary Registration District No. 1803

Registrar's 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:
City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether 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. 4705 Page Blvd
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John B. Thomure

(b) If veteran, name war XXXXXXXX

(c) Social Security No. XXXXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day June
year 1943 hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Annie Thomure

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 30 1868
(Month) (Day) (Year)

Immediate cause of death.....
Arrhythmia of Liver
Arteriosclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)
1/2 H

8. AGE: Years 74 Months 5 Days 23 If less than one day
25 hr. min.

Major findings:
Of operations.....

Of autopsy.....

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

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

10. Usual occupation Retired

11. Industry or business Oiler

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) Means of injury.....

23. Signature W. J. Perry (M. D. or other)
Address 1112 1/2 E. 12th St. Date signed 6/25/43

MOTHER FATHER

12. Name Isaac Thomure

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Lee Thomure 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Thomure

(b) Address 306 Vista Ave

17. (a) Burial (b) Date thereof 6/26/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter and Paul Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 25 1943 J. J. Biedack
(Date received local registrar) (Registrar's signature)

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

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17
9

FILED JUL 3 1943

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 Francis J. Dwan

Licensed Embalmer No. 12245

P. O. Address St. Louis, Mo.

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.