

Registration District No. 318 Primary Registration District No. 1003

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:
5823 CABANNE AVE
(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

3. (a) PRINT FULL NAME HARRY EUGENE THOMURE

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased MAY 18 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 12 If less than one day :hr. min.

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

10. Usual occupation DRUGGIST (RETIRED)

MOTHER FATHER

11. Industry or business.....

12. Name LUCIAN A. THOMURE

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

14. Maiden name AZALIA JANISH

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

16. (a) Informant THECKLA CLARA KLUETE (WAGNER)

(b) Address 5823 CABANNE

17. (a) BURIAL (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director J. F. Mullen

(b) Address 5165 Delmar Pl.

19. (a) DEC 2 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town ST. LOUIS 5th
(If outside city or town limits, write "RURAL")

(d) Street No. 5823 CABANNE AVE 17
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 43 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 10th 1943 to Nov 30 1943 that I last saw him alive on Nov 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion
Original Peptone. Duration 3 months

Due to.....
Arterial Sclerosis / 1 year

Due to.....
Hypertension / 1 year

Other conditions..... none
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... none PH

Of autopsy..... none

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..... Natural Cause

(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..... Scott Hens O. M.D. (M. D. or other)
Address 6342 Grand St. Louis Date signed 12/1/43

1-2-011

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..... *H. G. Harris*.....
Licensed Embalmer No. *3384*.....
P. O. Address *St. Louis*.....

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.