

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32896**  
Registrar's No. **9053**

FILED NOV 1 1944

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.....

(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:  
Lutheran Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME Jane Thorpe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James W

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

7. Birth date of deceased Oct 17 - 3 -  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 0 6 ..hr. ..min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER

12. Name William Kendall

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

14. Maiden name Alice Swift

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

16. (a) Informant Lester Thorpe

(b) Address 3121 Morganford Rd

17. (a) Burial (b) Date thereof 10 26 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) OCT 25 1944 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....

(c) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 3131 Morganford Rd  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1944 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 14  
....., 1944 to Oct. 23, 1944

that I last saw him alive on Oct. 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coron. Heart  
Disease

Duration 2 yrs.

Due to Senility

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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.....

(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. F. Brueck (M. D. or other)

Address 3110 S. Grand Date signed 10/24/44

Dr. Bosk

Dickman, Bld

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**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..... *Colwin D McDeer* .....

..... Licensed Embalmer No. *3024* .....

..... 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.**