

Registration District No. \_\_\_\_\_ Primary Registration District No. **L 1003**

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: Jewish Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller  
 (c) City or town Ulman  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? ! (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lena Thornsberry.  
 3. (b) If veteran, name war Nil  
 3. (c) Social Security No. None  
 4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Edmond Thornsberry  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased March 20 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23  
 year 1945 hour 10 minute 40 a.m.  
 21. I hereby certify that I attended the deceased from 6/10 1945 to 6/23 1945  
 that I last saw her alive on 6/23/45 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis  
 Due to Nephrosclerosis  
 Due to Hypertension & Arterio Sclerosis  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Nephrosclerosis

Duration well  
not

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

8. AGE: Years Months Days If less than one day  
64 3 3 hr. min.  
 9. Birthplace Brumley Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 12. Name J.M. Hawkins  
 13. Birthplace Brumley Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julia A. Martin  
 15. Birthplace Brumley Missouri  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Nancy B. Craft  
 (b) Address 5820 Cote Brillante  
 17. (a) Burial (b) Date thereof 6-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Brumley, Missouri  
 18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) JUN 25 1945 (b) J.P. Brudeck  
(Date received locally) (Registrar's signature)

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 Walter E. Strand (M. D. or other) M.D.  
 Address 539 N. Grand Date signed 6/23/45  
St. Louis

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

26  
 7  
 9

MOTHER FATHER

NOV 3 1954

**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 Albert G. Kappes  
Licensed Embalmer No. 2971  
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.**