

STANDARD CERTIFICATE OF DEATH

State File No. **39864**

FILED JAN 12 1946
318

Primary Registration District No. **1003**

Registrar's No. **11621**

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

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:
Homer Phillips Hosp. 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 28 years
years, months or days)

3. (a) PRINT FULL NAME JOSHUA THORNTON

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive abt 40 years

7. Birth date of deceased Unavailable 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 50 hr. min.

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

10. Usual occupation Janitor

11. Industry or business --

12. Name Henry Thornton

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

14. Maiden name Betty Hord

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

16. (a) Informant Fannie Wilkins

(b) Address 926 N. Newstead Apt. 5

17. (a) Burial (b) Date thereof 1/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) JAN 2 1946 (b) J. F. Bradack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3311 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1945 hour 6 minutes 35 M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Occlusion (Thrombosis)

Due to.....
Due to.....

Other conditions.....
(Includes pregnancy within 3 months of death)

Major findings:
Of operations.....

Of 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).....
(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 Perry (M. D. or other).....
Address W. Perry Date signed 1/2/46

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No..... 4259

P. O. Address..... 4107 Finney Ave.

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.