S. No. 2
M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42531

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 2837

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Robertson Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fairview Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 21 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 01

(c) City or town Robertson Mo. 10
(If outside city or town limits, write "RURAL")

(d) Street No. Fairview Ave 0
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Leory thornton

3. (b) If veteran, name war No.

3. (c) Social Security No. 499-05-0845

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Edith thornton

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 2 (Month) 15 (Day) 1878 (Year)

8. AGE: Years 67 Months 9 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Concord Parish (City, town, or county) Louisma (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Various Places

FATHER
12. Name George Winton
13. Birthplace ? (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) — (State or foreign country)

16. (a) Informant Edith thornton
(b) Address Fairview Ave Robertson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 18 (Day) 45 (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Boyd Bros Funeral
(b) Address Liv & Stanez So. Kinloch Mo

19. (a) 12-17-45 (Date received local registrar) (b) E. G. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12th
year 1945 hour ____ minute P. M.

21. I hereby certify that I attended the deceased from Dec-4, 19__, to Dec-12, 1946
that I last saw him alive on Dec-12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration 2

93 D

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Dr. B. H. Tyler (M. D. or other)

Address 200 N. Main St St Charles Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 3704 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. Phone Fr 4200