

No. 2
1-5-43
5-17-39
I X36671

FILED FEB 18 1946
Registration District No. _____

Primary Registration District No. 100
Registrar's No. 939

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:
1214 South 18th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Laura E. Thurmond

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec. 19th, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 6 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Not known 9

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant James F. Thurmond

(b) Address 9318 Mc Kenzie Rd.,

17. (a) Burial (b) Date thereof 1/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director John Ziegenhagen

(b) Address 7027 Gravois Ave.

19. (a) JAN 29 1946 (Date received by registrar) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 South 18th St.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th,
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-20 1945 to 1-25 1946
that I last saw her alive on 1-25- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Chr. Myocarditis 5 yrs.

Due to Gradual heart failure & atherosclerosis 5 weeks
and arterial sclerosis 10 yrs.

Due to _____

Other conditions _____
(Include 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 Barton Bohannon (M. D. or other) u.d

Address 2602 S. Grand Date signed 1/28/46

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

3138

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Yvovais

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.