

7. S. No. 2
OM-8-43
v. 5-17-39
PI X37823

15263

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3968**

Registration District No. **318** Primary Registration District No. **1003**

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:
Josephine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community Life
years, months or days)

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. 3306 Vista
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Marie Thomure
3. (b) If veteran, name war _____ 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 Lee Thomure 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 15th 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 1 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Hesse
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Schmucke
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Thomure (Husband)

(b) Address 3306 Vista Ave

17. (a) Burial (b) Date thereof May 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Peetz Funeral Home

(b) Address 3029-Lafayette

19. (a) MAY 7 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29th
year 1946 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from 4-15 to 4-29
that I last saw her alive on 7/28
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma gall bladder
liver + pancreas
Due to Primary site LIVER

Other conditions Cholelithiasis
(Include presence within 3 months of death) 7 yrs
cholelithiasis

Major findings:
Of operations _____
Of autopsy _____

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 Mustaw Jahns (M. D. or other) _____
Address 1402 So Grand Date signed 4/30/46

Duration
6 mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

11100

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 *J L Owens*.....

Licensed Embalmer No. 2245.....

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.