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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22282

State File No.

FILED JUN 28 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5124

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:
5009 So. Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 5009 So. Grand Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FREDERICK A. TORRENCE

3. (b) If veteran, name war None

3. (c) Social Security No. 491-14-4353

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Torrence

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

7. Birth date of deceased September (Month) 12, (Day) 1869 (Year)

8. AGE: Years 76 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Gallipolis (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Ass't. Sec'y & Treas.

11. Industry or business Heil Packing Company

FATHER
12. Name Benj. Torrence
13. Birthplace Meggs County (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Isabelle Thomasson
15. Birthplace Washington Ct. House, West, Va. (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Charl J. Torrence
(b) Address 5009 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

19. (a) JUN 8 1946 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 18, 1944 to June 5, 1946 that I last saw him alive on June 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to Arterio-Sclerosis 2½ 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. W. Peters (M. D. or Coroner) M.D.
Address 4145 a S. Grand Blvd. Date signed 6/7/46

(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.....John Ketter.....

Licensed Embalmer No. 3880

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.