

No. 2
-12-45
-17-39
I X47070

FILED OCT 28 1946
318

State File No. _____

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **8853**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Enroute No City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 050

(c) City or town St. Louis 2617
(If outside city or town limits, write "RURAL")

(d) Street No. 2700 N. 9th St. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 5

If yes, name country _____

3. (a) PRINT FULL NAME Edward A. Thomure

3. (b) If veteran, name war WW1 and WW2

3. (c) Social Security No. 497-09-5178

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month October day 14
year 1946 hour _____ minute 20 P. M.

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

that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased July 18 1896
(Month) (Day) (Year)

Immediate cause of death
Coronary Occlusion Coronary Sclerosis

Duration _____

Due to _____

Other conditions I: _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Auto Mechanic

11. Industry or business _____

12. Name Charles Thomure

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

14. Maiden name Nora King

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

16. (a) Informant Mrs. R. Guthrie

(b) Address 2804 N. Broadway

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

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) OCT 16 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Thomas F. Callahan (M.D. or other) _____
Address Coron Date signed 10-14-46

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

James R. [unclear]

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 *Harry J. Schumaker*
Licensed Embalmer No. *2679*
P. O. Address *7814 S. Broadway*

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.