

S. No. 2
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FILED MAR 14 1947

State File No.

Registration District No. 317

Primary Registration District No. 2062

Registrar's No. 543

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

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution: 6672 Washington
(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)

3. (a) PRINT FULL NAME Frank Thurmen

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Eleanor 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased May 4 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Hettstedt, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dr. C. F. Kloeppel

(b) Address 905 Morrison

17. (a) Burial (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 3-11-47 (b) Cliff G. Alumbaugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6672 Washington
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1947 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1947 to March 9, 1947 that I last saw him alive on March 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis

Due to _____

930

Due to _____

Other conditions Senile Debility
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(2) Means of injury _____

23. Signature C. F. Kloeppel (M. D. or other) _____

Address 905 Morrison Date signed 3/10/47

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.....

W. G. Peterson

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.