

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14731**  
Registrar's No. **-**

FILED MAY 13 1947  
Registration District No. **256**

Primary Registration District No. **4454**

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

1. PLACE OF DEATH:

(a) County **ST. CHARLES**

(b) City or town **WEST ALTON, PORTAGE TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**NONE**  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST. CHARLES**

(c) City or town **WEST ALTON, MO**  
(If outside city or town limits, write "RURAL")

(d) Street No. **PORTAGE TOWNSHIP**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GEORGE W THORNTON**

3. (b) If veteran, name war **NONE**

3. (c) Social Security **500-16-1213**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **17**  
year **1947** hour **5** minute **P.** M.

21. I hereby certify that I examined the body **examined the body**  
**Feb 18th**, 1947 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ 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 **MARRIED**

6. (b) Name of wife **ADDIE BRAMLETT**

6. (c) Age of wife if alive **63** years

7. Birth date of deceased **SEPTEMBER 9 1880**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral thrombosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **g4H**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **none**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<b>66</b>	<b>5</b>	<b>8</b>	hr. _____ min.

9. Birthplace **HICKMANN COUNTY, TENNESSEE**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SECTION LABORER, RAIL ROAD**

11. Industry or business **MO. ILL BRIDGE & BELT R.**

MOTHER FATHER { 12. Name **ANDREW THORNTON**

{ 13. Birthplace **HICKMANN COUNTY, TENNESSEE**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **FRANCES ANDERSON**

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

16. (a) Informant **FLOYD THORNTON**

(b) Address **WEST ALTON, MO.**

17. (a) **BURIAL** (b) Date thereof **FEB 20 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WEST ALTON, MO**

18. (a) Signature of funeral director **H C Galtman & Sons Co**

(b) Address **800 N. 2nd - ST. CHARLES, MO.**

19. (a) **2-21-47** (b) **H W Galtman**  
(Date received local registrar) (Registrar's signature)

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 **Walter M. ...** Date signed **2-18-47**  
Address **West Alton, MO**

JUN 9 1961

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 Herbert C. Dallmeyer, Registered Apprentice No. 429, working under my personal supervision.

Signed Joseph F. Landolt  
Licensed Embalmer No. 4189  
P. O. Address St Louis

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.