No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 299960

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 1739

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 7-23-47 (Specify whether
In this community 5 years 19 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 State Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THORNTON, Owen Lavern
3. (b) If veteran, name war World 2
3. (c) Social Security No. 347-14-7899
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lois Thornton
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased September 21, 1921 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
25	10	21	hr. min.

9. Birthplace Pleasant Hill, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Crew Leader, Packing Dept.
11. Industry or business Glass Factory
FATHER
12. Name Oscar Thornton
13. Birthplace Unknown Ohio (City, town, or county) (State or ~~foreign country~~)
MOTHER
14. Maiden name Ida Mae Gelawger
15. Birthplace Unknown Ohio (City, town, or county) (State or ~~foreign country~~)
16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards, St. Alton, Ill.
19. (a) 8-13-47 (Date received local registrar) (b) Paul A. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1947 hour 1:15 minute P.M.
21. I hereby certify that I attended the deceased from July 23, 1947, 19..., to August 11, 1947, 19...;
that I last saw him alive on August 11, 1947, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PINEAL TUMOR	
Due to 55	
Due to	
Other conditions PULMONARY INFARCT LEFT LOWER LOBE (Include pregnancy within 3 months of death)	

Major findings:
Of operations Craniotomy 8-9-47
Of autopsy Autopsy performed (See Cause of Death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 WILLIAM F. ROSE, M.D. (M. D. or other)
Address VAH, Jeff. Barracks, Mo. Date signed 8-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1948

JAN 19 1948

SEP 10 1947

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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.