S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33085

Registrar's No. 8875

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4167 Shaw Ave.
(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 Mo. (b) County

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

(d) Street No. 4179a Russell Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EARL R. THORNHILL

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Esther

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Jan. (Month) 22 (Day) 1902 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 45 | 7 | 29 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Railroad Clerk

11. Industry or business Wabash R. R. Co.

FATHER
12. Name Celsus R. Thornhill
13. Birthplace Moscow (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Bessie Henry
15. Birthplace Troy (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Esther Thornhill
(b) Address 4179a Russell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

SEP 22 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 21
year 1947 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from 3-26, 1947, to 9-21, 1947;
that I last saw him alive on 9-16, 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma - lung cent. | 1 yr |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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)

(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 [signature] (M. D. or other)
Address 634 N. [illegible] Date signed 9-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.**