

S. No. 30
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10753

State File No.

3181

FILED APR 12 1948

Registration District No. 310

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether)
In this community 6 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County 000
(c) City or town St Louis, Mo. (If outside city or town limits, write "RURAL") 17
(d) Street No. 8531 Church Rd. (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS J. THORNTON

3. (b) If veteran, name war _____ 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 ILLIE THORNTON 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: (Month) MAY (Day) 4 (Year) 1894

8. AGE: Years 53 Months 10 Days 26 If less than one day hr. _____ min. _____

9. Birthplace: TEXAS (City, town, or county) (State or foreign country)

10. Usual occupation: AGENT M.K.T. P.R.

11. Industry or business _____

12. Name J. A. THORNTON

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

14. Maiden name LILLIE UNKNOWN

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

16. (a) Informant Illie Thornton

(b) Address 8531 Church Rd

17. (a) REMOVAL P.R. (Burial, cremation, or removal) (b) Date thereof: April 2 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Ms. ALSTER OLGA

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Halle Ferry Rd.

19. (a) ADD (Date received local _____) (b) J. F. Bruesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30 year 1948 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

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) (e) Means of injury 3

23. Signature Patrick E Taylor (M. D. or other) Address Deputy Coroner Date signed 4-4-48

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

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.....

Henry A. Brammer

Licensed Embalmer No.....

4200

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.