S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41887

Registrar's No. 10976

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: Lutheran Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Route 2 Rural Kimmswick
(If outside city or town limits, write "RURAL")

(d) Street No. Breezy Heights
(If rural, give location)
R.

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

If yes, name country

3. (a) PRINT FULL NAME Esther Thornton

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence Thornton

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

7. Birth date of deceased October (Month) 30 (Day) 1907 (Year)

8. AGE: Years 41 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Miller

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Clarence Thornton

(b) Address Rt. 2 Kimmswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) DEC 20 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1948 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12/8/48, 19..., to 12/18/48, 19...; that I last saw him alive on 12/17/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	10 days
Due to: Perforated Appendix	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Acute Perforated Appendix

Of autopsy: None

PHYSICIAN: Underline the cause to 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 C. E. Steindel M.D. (M. D. or other)

Address 3701 Gamble St. Date signed 12/18/48.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.