

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25353  
6260

BIRTH NO. #83708 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6260

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY D.D.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL (in this place) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 2250 506 St Anthony	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		4. DATE OF DEATH (Month) (Day) (Year) July 18th, 1949	
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) B. c. (Last) THURMAN		5. SEX M W	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) re. 3	
8. DATE OF BIRTH May 1 - 1880		9. AGE (in years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Chas B Thurman		13b. MOTHER'S MAIDEN NAME Margaret Pigg	
14. NAME OF HUSBAND OR WIFE Stella		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Robinson 921 Rutger St	
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary TB Jar Advised ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 135	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 002X		22. I hereby certify that I attended the deceased from 7/9/49, 19, to 7/18/49, 19, that I last saw the deceased alive on 7/18/49, 19, and that death occurred at 8:55 AM, from the causes and on the date stated above.	
23a. SIGNATURE James J. McDonald (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 7/18/49		24a. PORTAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-20-49		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
24d. LOCATION (City, town, or county) (State) St. Louis County MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen N. McLaughlin 2301 Lafayette	
DATE REC'D BY LOCAL REG. JUL 19 1949		REGISTRAR'S SIGNATURE J. B. Sauter	

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*C W Cooper*

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

**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.