

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39367
State File No. 10271
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39367		Registrar's No. 10271				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mad								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			17					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4345 Lee				d. STREET ADDRESS (If rural, give location) 10 4345 Lee								
3. NAME OF DECEASED (Type or Print) a. (First) John W.		b. (Middle) Thornton		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1949						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 11 1858		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____	IF UNDER 1 HRS. Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? _____					
13a. FATHER'S NAME Alburn Thornton			13b. MOTHER'S MAIDEN NAME Nancy Moore			14. NAME OF HUSBAND OR WIFE Lillie Bell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie French			ADDRESS 4345 Lee					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage and hypertensive pneumonia arteriosclerosis 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.						INTERVAL BETWEEN ONSET AND DEATH 5 days					
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						19c. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 11-21 , 19 49 , to 11-26 , 19 49 , that I last saw the deceased alive on 11-26 , 19 49 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.												
23a. SIGNATURE Jos. P. Fendler Jr. (Degree or title) _____				23b. ADDRESS 7128 Michigan				23c. DATE SIGNED 11-28-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-30-1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) St. Louis Co. Mo.		24e. (State) _____				
DATE REC'D BY LOCAL REG. NOV 29 1949		REGISTRAR'S SIGNATURE J B Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. ADDRESS 7128 Michigan						

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

Clarence K. Chow

Licensed Embalmer No.

3093

P. O. Address

7128 Meluga

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.