

S. No. 300  
V. 10.48

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6984

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 3063 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES MO</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>103 Lythia 4671</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>THORNHILL</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>JANUARY 1-1865</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Virginia</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lovie Thornhill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Lyons</u> ADDRESS <u>Bell Ave</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Prostate &amp; Metastases</u> 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 <u>3-4 days</u>		197X	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-23-1950</u> to <u>2-9-1950</u> , that I last saw the deceased alive on <u>2-9-1950</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James K. Oetting MD.</u>		23b. ADDRESS <u>601 Breasted Clayton</u>	23c. DATE SIGNED <u>2-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>16 February 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 12 1950</u>	REGISTRAR'S SIGNATURE <u>Robert S. Adams, MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Theodore J. Gundersen 1306 Eldridge</u>	

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

4007

FEB 21 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frederic J. Vandell* .....

Licensed Embalmer No. *4243* .....

P. O. Address *130 Eldridge  
Haverhill, Mass.* .....

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.