

FILED MAR 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. **7150**
Registrar's No. **362**

317

6076

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**
b. CITY (If outside corporate limits, write RURAL and give town) **JEFF BARRACKS, MO.**
c. LENGTH OF STAY (in this place) **19 DAYS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **VET AEM HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**
d. STREET ADDRESS (If rural, give location) **8757 LOWELL**

3. NAME OF DECEASED
a. (First) **ALFRED**
b. (Middle) **J.**
c. (Last) **THORN**
4. DATE OF DEATH (Month) (Day) (Year) **FEB 8 1950**

5. SEX **MALE**
6. COLOR OR RACE **WHITE**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
8. DATE OF BIRTH **6-15-87**
9. AGE (In years last birthday) **62**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CHIEF ENGINEER**
10b. KIND OF BUSINESS OR INDUSTRY **State Training school**
11. BIRTHPLACE (State or foreign country) **HARRISONVILLE, ILLINOIS**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **JOHN H. THORN**
13b. MOTHER'S MAIDEN NAME **EMMA J. JAMES**
14. NAME OF HUSBAND OR WIFE **LAURA THORN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW-I**
16. SOCIAL SECURITY NO. **UNKNOWN**
17. INFORMANT'S SIGNATURE OR NAME **VA HOSPITAL RECORDS** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **PERITONITIS**
INTERVAL BETWEEN ONSET AND DEATH **3 days**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **ESOPHAGO-DUODENOSTOMY**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **15X**

19a. DATE OF OPERATION **2-3-50**
19b. MAJOR FINDINGS OF OPERATION **CARCINOMA OF STOMACH -- TOTAL GASTRECTOMY**
20. AUTOPSY? YES 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) **151X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-20-50** to **2-8-50**, and that death occurred at **10:40p** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____
23b. ADDRESS **VAH, JEFF BRKS, MO.**
23c. DATE SIGNED **2-9-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**
24b. DATE **Feb. 13, 1950**
24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery**
24d. LOCATION (City, town, or county) (State) **3600 St Charles Rd St. L. Mo.**

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE **Herbert R. Donke**
25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **St. Louis, Mo. KRON A LIVERY & UNDERTAKING CO.**

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Stanley A. Dixon

Signed.....

Student Embalmer

Licensed Embalmer No. *4193*

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.)

OM If this body is not embalmed, fact should be so stated above.