

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11400

State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>724</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Saint Louis				a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights				b. COUNTY St. Louis			
c. LENGTH OF STAY (in this place) YEARS				c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7113 Glades Avenue				d. STREET ADDRESS (If rural, give location) 7113 Glades Avenue			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) George			b. (Middle) Morris			c. (Last) Thomure	
(Type or Print)			4. DATE (Month) (Day) (Year) March 19, 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 23, 1874	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Days 26		IF UNDER 4 HRS. Hours 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. '46 Painter			10b. KIND OF BUSINESS OR INDUSTRY Dolan Real Est. Co.			11. BIRTHPLACE (State or foreign country) St. Genevieve, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME George Thomure			13b. MOTHER'S MAIDEN NAME Elizabeth Mertell			14. NAME OF HUSBAND OR WIFE Pauline Dauernheim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 564-14-1109			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred L. Reising 7113 Glades Aven.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) Chronic Myocarditis			
				DUE TO (c) Arteriosclerotic Vascular Disease			
				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)	
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>4-</u> , 19 <u>46</u> , to <u>3-19-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>50</u> , and that death occurred at <u>11:40pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Ellsworth Westrup</i>				23b. ADDRESS M.D. 204 E. Big Bend		23c. DATE SIGNED 3-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial <input checked="" type="checkbox"/>		3-22-50		Lake Charles Park		Saint Louis County, Missouri	
DATE REC'D BY LOCAL REG. 3-21-50			REGISTRAR'S SIGNATURE <i>Richard [Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	

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.....

Ernest W. Spillers
.....
Licensed Embalmer No. *4080*

P. O. Address.....

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.