

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18717

State File No.

4691

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) Maplewood			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hosp.				f. STREET ADDRESS (If rural, give location) 7559 Flora Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) EDWARD		b. (Middle) J.		c. (Last) THOMURE	
4. DATE OF DEATH		(Month) (Day) (Year)		5. SEX		6. COLOR OR RACE	
May 27th, 1950		Male <input type="radio"/>		White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Sept. 10, 1869		80		Druggist		11. BIRTHPLACE (State or foreign country) Bon Terre Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ella Thomure	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emily Smith			
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) <u>acute congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive cardiac-muscular disease</u> DUE TO (c) <u>arteriosclerotic atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
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? H/H/2X				22. I hereby certify that I attended the deceased from <u>5/6/50</u> , 19 <u>50</u> , to <u>5/27/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/27/50</u> , 19 <u>50</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>J. B. Lanier</i>		(Degree or title)		23b. ADDRESS 539 N. Grand Ave.		23c. DATE SIGNED 5/28/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input type="radio"/>		24b. DATE 5/29/50		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. MAY 20 1950		REGISTRAR'S SIGNATURE <i>J. B. Lanier</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith			
				ADDRESS 7450 Manchester Rd. Maplewood, Mo.			

(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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. *4058*

P. O. Address. *St. Louis Mo*

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.