

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31913**  
Registrar's No. **8169**

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5902 Clemens</b>	
3. NAME OF DECEASED (Type or Print) <b>Emmet</b>		c. (Last) <b>THOROUGHMAN</b>	
a. (First) <b>Emmet</b>		b. (Middle) <b>B.</b>	
5. SEX <b>M O W</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1951</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>Sept. 4, 1868</b>		9. AGE (In years last birthday) <b>83yrs</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Law</b>	
11. BIRTHPLACE (State or foreign country) <b>Virginia City, Montana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Thoroughman</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Boyce</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Grace Freeman (NIECE)</b>	
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) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Cardiac dilatation</b> DUE TO (c) <b>Hypertensive and arterio-sclerotic heart disease</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>unknown</b> <b>unknown</b>	
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. HOW DID INJURY OCCUR <b>H2O</b>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>August 6, 1951</b> , to <b>Sept 12, 1951</b> , that I last saw the deceased alive on <b>Sept 12, 1951</b> , and that death occurred at <b>6:12 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lewis Littman M.D.</b>		23b. ADDRESS <b>8231 Clayton Rd (17)</b>	
23c. DATE SIGNED <b>9/14/51</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 15, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 14 1951</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander &amp; Sons</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>16175 Helms</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>16175 Helms</b>	

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

Dr Louis L. Lammann  
8231 Clayton Rd  
Pg 0202  
3 P.M.

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### 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.....  
Student Embalmer

Signed

*Joe E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address

6178 Delmar

**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.