

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place) 61 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE ILLINOIS b. COUNTY ST. CLAIR
c. CITY OR TOWN EAST ST. LOUIS
d. STREET ADDRESS 4018 TUDOR AVE.

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN b. (Middle) (NMI) c. (Last) THORNTON
4. DATE OF DEATH (Month) (Day) (Year) 12/2/51

5. SEX MALE 6. COLOR OR RACE N 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/10/92 9. AGE (In years last birthday) 59 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Atlanta, Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Thornton
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Nellie Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I
16. SOCIAL SECURITY NO. 415364459
17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO-VASCULAR DISEASE
ANTECEDENT CAUSES DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
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) VA
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 10/2, 1951, to 12/2, 1951, and that death occurred at 10:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.C.O'BRIEN, M.D.
23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED 12/3/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-1-51
24c. NAME OF CEMETERY OR CREMATORY NATIONAL
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.

DATE REC'D BY LOCAL REG. 12-4-51
REGISTRAR'S SIGNATURE Herbert P. Donohue
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1036 Tudor Avenue East St. Louis, Illinois

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4259

P. O. Address. 4107 J

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.