

No. 300
10.48

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6822
State File No. _____
Registrar's No. 1333

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 Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4890	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 9855 Luna 1	

3. NAME OF DECEASED (Type or Print) a. (First) Ervin b. (Middle) Franklin c. (Last) Thurman			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Graniteville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Thurman		13b. MOTHER'S MAIDEN NAME Isabelle Strickland		14. NAME OF HUSBAND OR WIFE Ethel	
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. 494-09-1264		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Thurman, 9855 Luna Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct, indirect, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized lymph sarcoma		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Generalized metastases in abdomen		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) St. Lo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Feb. 2001	

22. I hereby certify that I attended the deceased from Dec 29, 1951, to Feb 10, 1952, that I last saw the deceased alive on Jan 10, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Davis, MD (Degree or title)		23b. ADDRESS 3805 S. Bessyway		23c. DATE SIGNED Feb 11 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-11-52		24c. NAME OF CEMETERY OR CREMATORY Leadwood, Mo.	

DATE REC'D BY LOCAL REG. FEB 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
--------------------------------------	--	---	--	---	--

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

(Licensed Embalmer's Statement on Reverse Side)

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 *John S. Bennett*.....

Licensed Embalmer No. *4194*.....

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. 6822
Local Registrar's No. 1333

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20 day of February, 1952, before me appears Dr. E. W. Davis, who, upon his oath, states that the original record of death for Ervin Franklin Thurman died February 10, 1952 the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 22 should read December 29, 1951 to February 10, 1952

Instead of December 29, 1951 to January 10, 1952

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

E. W. Davis M.D. attending Physician
3805 So Broadway
Present Address.

Subscribed and sworn to before me this 20 day of February, 1952

My Commission Expires Sept. 23, 1955
Edna A. Baxter Notary Public.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6822

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 6 day of June, 1952, before me appears E. W. Davis M.D.

who, upon his oath, states that the original record of ~~birth~~ death
for Erwin Franklin Thuman, died Feb 10, 1952, in the State of
Missouri, and which was filed at St. Louis on _____, 19____, should be corrected as follows:

Item No. 22 should read last saw him alive

Instead of _____

Item No. _____ should read Feb 10 1952

Instead of _____ Jan 10 1952

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant E. W. Davis M.D. Relationship _____

3805 So Broadway St. Louis Mo
Present Address.

Subscribed and sworn to before me this 6th day of June, 1952.

My Commission expires August 18, 1952 Albert C. Holward Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.