

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23064**

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1527**

1. PLACE OF DEATH a. COUNTY St. Louis 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 Wellston		c. LENGTH OF STAY (in this place) 5 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2800 N. Hanley Road		d. STREET ADDRESS (If rural, give location) 2800 N. Hanley Road	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) D. c. (Last) Thorne			4. DATE OF DEATH (Month) (Day) (Year) 6 - 8 - 1952
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4 - 23 - 1898
9. AGE (In years) (If under 1 year last birthday) (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) 54		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Virginia	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Richmond, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Edmund D. Thorne		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 ADDRESS Edmund D. Thorne, 2800 N. Hanley Rd	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, colon 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. Generalized mitralosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153x	
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 Mar , 19 51 , to June , 19 52 , that I last saw the deceased alive on Mar , 19 52 , and that death occurred at 7:45P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Herbert R. Douke, M.D.		23b. ADDRESS F 34 N Grand	
23c. DATE SIGNED 6/10/52		24. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6 - 11 - 52	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 6-10-52		REGISTRAR'S SIGNATURE Herbert R. Douke, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral		ADDRESS 1905 Union Blvd.	

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

Dr. W. G. Missey
Mo. Theatre Bldg.

10AM - 1PM

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 Warren A. Carver

Licensed Embalmer No. 3534

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.