No. 300
10.48

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

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

33501

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8837

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2067
d. STREET ADDRESS (If rural, give location): 5509a Wells Avenue

**3. NAME OF DECEASED** (Type or Print): a. (First) Mathilda b. (Middle) S. c. (Last) Thorell

**4. DATE OF DEATH** (Month) (Day) (Year): 9 - 21 - 1952

**5. SEX**: Fem

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single

**8. DATE OF BIRTH**: 12 - 30 - 1875

**9. AGE** (In years last birthday): 76 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Piano Teacher

**10b. KIND OF BUSINESS OR INDUSTRY**: Education

**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Gustave Thorell

**13b. MOTHER'S MAIDEN NAME**: Johanna Anderson

**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mr. Carl Thorell, 3270 Lynros Dr.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.

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.* Chronic nephritis, non calculus — 15 yrs.

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** YES ☐ NO ☐

**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) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**: 260X

22. *I hereby certify that I attended the deceased from* 9-14-52, *19*____, *to* 9-21-52, *19*____, *that I last saw the deceased alive on* 9-21-52, *19*____, *and that death occurred at* 6:50Pm., *from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] (Degree or title) M.D.

**23b. ADDRESS**: 607 N. Grand, St. Louis 3, Mo.

**23c. DATE SIGNED**: 9-22-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 9/24/52

**24c. NAME OF CEMETERY OR CREMATORY**: Bellefontaine Cem

**24d. LOCATION** (City, town, or county) (State): St. Louis Missouri

**DATE REC'D BY LOCAL REG.**: SEP 22 1952

**REGISTRAR'S SIGNATURE**: [signature] M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Drehmann-Harral 1905 Union Blvd

(Licensed Embalmer's Statement on Reverse Side)

Dr. Altheide
University Club Bldg

2-4

**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 Albert R. Thompson

Licensed Embalmer No. 43 37

P. O. Address St. Louis

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.