

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33503

1550 OCT 1 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8795

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE. Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2811 Washington			d. STREET ADDRESS (If rural, give location) 21 2811 Washington		
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Elizabeth c. (Last) Thurman			4. DATE OF DEATH (Month) (Day) (Year) 9 18 52		
5. SEX Female 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 15, 1868		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Canton, Missouri U		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Issac Dayd		13b. MOTHER'S MAIDEN NAME Louisa ?		14. NAME OF HUSBAND OR WIFE Theodore Thurman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Estella C. Lynn 2811 Washington	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			Hypertensive cardio vascular disease & chronic nephritis cum edema		
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 <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? 442X	
22. I hereby certify that I attended the deceased from 7/9/52, to 9/18/52, 1952, that I last saw the deceased alive on 9/18/52, 1952, and that death occurred at 3:30 A. M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. Earl Smith, M.D.			23b. ADDRESS 3100a Lucas Ave. St. Louis, Mo.		23c. DATE SIGNED 9/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-22-52	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. SEP 20 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Fausce 1221 N. Grand	

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 *Raymond Adams*

Licensed Embalmer No. 47515

P. O. Address 12712 Grand

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.