No. 300
10-48

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8013

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1538

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1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) S T. LOUIS MISSOURI

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CITY 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, MO. 2249

d. STREET ADDRESS (If rural, give location) 2806 A. SALENA 0

24

3. NAME OF DECEASED (Type or Print) a. (First) JESS b. (Middle) L. c. (Last) THURMAN

4. DATE OF DEATH (Month) February (Day) (Year) 6,1953

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 8-10-1886

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 5 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Cutter

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) Graniteville, Illinois

12. CITIZEN OF WHAT COUNTRY? U.Sa.A.

13a. FATHER'S NAME Jonas Thurman

13b. MOTHER'S MAIDEN NAME Susan Strickland

14. NAME OF HUSBAND OR WIFE Ida Thurman

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. 497 09 9780 A.

17. INFORMANT'S SIGNATURE OR NAME Ida Thurman ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) decompensated; Dislocated shoulder, Shock; Chronic

DUE TO (c) Interstitial Nephritis; when he fell in his room on Feby 4 1953, at about 500 am

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 000 Accident

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)

21d. TIME OF INJURY (Month) Feby (Day) 4 (Year) 53 (Hour) 5 00 A m.

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

21f. HOW DID INJURY OCCUR? E9040

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 245A *m., from the causes and on the date stated above.* 21

23a. SIGNATURE Joseph M. Turner Deputy 3 Women (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 2/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE Mon. 2-9-1953

24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory

24d. LOCATION (City, town, or county) (State) S t. Louis, Missouri

DATE REC'D BY LOCAL REG. FEB 9 1953

REGISTRAR'S SIGNATURE J Carl Smith MD MJB

25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN'S, 2301 Lafayette, St.Louis, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Chapman

Licensed Embalmer No. U5 50

P. O. Address St Louis Mo.

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.