

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41274**  
Registrar's No. **10803**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>			d. STREET ADDRESS (If rural, give location) <b>2159 15 2730 Wyandotte</b>		
3. NAME OF DECEASED (Type or Print) <b>Charlotte Elizabeth Thone</b>		a. (First) <b>Lottie</b> b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH <b>November 13 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 1 1905</b>		9. AGE (In years last birthday) <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St Louis Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>James Hensley</b>		13b. MOTHER'S MAIDEN NAME <b>Cydie Hensley</b>	
14. NAME OF HUSBAND OR WIFE <b>Edward Frederick Thone</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Edward Frederick Thone</b>		ADDRESS <b>Same address</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ <b>171X</b>	
22. I hereby certify that I attended the deceased from <b>Nov 13, 1953</b> to <b>Nov 13, 1953</b> that I last saw the deceased alive on <b>Nov 13, 1953</b> , and that death occurred at <b>9:15 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Willard M. Allen</b>		M.D. <b>M.D.</b>		23b. ADDRESS <b>630 S. Lemayhighway</b>	
23c. DATE SIGNED <b>11-13-53</b>		24a. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem.</b>		24b. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>	
24c. DATE REC'D BY LOCAL REG. <b>NOV 14 1953</b>		24d. REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher</b>	
ADDRESS _____		ADDRESS <b>30-13 Meramec</b>		ADDRESS _____	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*W E Morris*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3360*

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.