

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1954

State File No. 1905

No. 300
10.48

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar No. 1905

1. PLACE OF DEATH a. COUNTY <i>St. Louis, Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Airport Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place) <i>2 Weeks</i>		d. STREET ADDRESS (If rural, give location) <i>5312 Maple Ave.,</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Jewish Sanatorium</i>		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <i>LAWRENCE</i> b. (Middle) <i>Owens</i> c. (Last) <i>THURMAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>August 3 1954</i>		
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5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Dec. 18, 1900</i>		9. AGE (In years last birthday) <i>54</i>		10. UNDER 1 YEAR Months		11. UNDER 1 HR. Hour		12. UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine operator</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Chrom-Craft Co</i>				11. BIRTHPLACE (State or foreign country) <i>New Haven, Mo.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			

13a. FATHER'S NAME <i>Lawrence Thurman</i>			13b. MOTHER'S MAIDEN NAME <i>Don't Know</i>			14. NAME OF HUSBAND OR WIFE <i>Irene Thurman Dec.</i>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i># Yes</i>		16. SOCIAL SECURITY NO. <i>W*W #1. 492-16-9444</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lawrence W. Thurman</i>		ADDRESS <i>5312 Maple Ave.</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of lung with metastases</i>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>to liver</i>						Sexual habits	
		DUE TO (c)							
		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"/>	
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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 <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 *July 14 1954*, to *August 3, 1954*, that I last saw the deceased alive on *August 2, 1954*, and that death occurred at *4:25 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Surgeon B. M. ...</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>4652 Maryland</i>		23c. DATE SIGNED <i>Aug 3, 1954</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 5, 1954.</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.,</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
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DATE REC'D BY LOCAL REG. <i>8/4/54</i>		REGISTRAR'S SIGNATURE <i>Hebe ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Clark</i>		ADDRESS <i>1125 Hodiamont Ave.,</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Sidney B. Mathes
4652 Maryland Ave.,
FO. 1-5045
20241

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 Alfred J. Bedelso
Licensed Embalmer No. 2663

P. O. Address 125 Hodiament Ave.

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.