

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39302

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9348</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) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>209 S. Euclid Avenue</b>				e. STREET ADDRESS (If rural, give location) <b>209 S. Euclid Avenue</b> <b>21990</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Julius (Smith) Thumin</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 14 - 1954</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>5 - 23 - 1883</b>			
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Theatrical Producer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Entertainment</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>New York City, N.Y.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Samuel Thumin</b>		13b. MOTHER'S MAIDEN NAME <b>Nattie unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Marion (Smith) Thumin</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-22-9559</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marion (Smith) Thumin</b>				20. ADDRESS <b>209 S. Euclid</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b> ANTECEDENT CAUSES <b>(Coronary occlusion 1939)</b> 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. <b>Carcinoma of larynx</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1939</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from _____, 1936, to <b>Oct 14, 1954</b> , that I last saw the deceased alive on <b>Oct 13, 1954</b> , and that death occurred at <b>5AM m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>W. H. Orsted M.D.</b>				23b. ADDRESS <b>3720 Washington St. Louis</b>		23c. DATE SIGNED <b>10/15/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>10/16/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Oct 15 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>					

Dr. Wm. H. Olmsted Jan 8:30 -1  
3720 Washington

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**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.....  
Signature of Student Embalmer

Signed.....  
*Wm. H. Olmsted*

Licensed Embalmer No. 463

P. O. Address.....  
*Wm. H. Olmsted*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.