

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10625

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 611

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Bonhomme		c. LENGTH OF STAY (In this place) 66 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kiefer Creek Rd.		e. CITY OR TOWN Bonhomme Twnshp. 10	
		f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) Kiefer Creek Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Bernhard b. (Middle) Karl c. (Last) Henry Thorburg			4. DATE OF DEATH March 12, 1955		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singel	
8. DATE OF BIRTH Aug. 20, 1883		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Ill.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Wm. C. Thorburg		13b. MOTHER'S MAIDEN NAME Lena Lowenklaue		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Augusta Sontag, Glencoe, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		(Left ventricular)		1 week	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Altered body metabolism		DUE TO (d) Heart block, pulmonary edema	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Hemorrhage	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Chronic nephritis, cirrhosis of liver		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) 4500	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 1st, 1954** to **March 13, 1955**, that I last saw the deceased alive on **March 8th, 1955**, and that death occurred at **4:45 PM** from the causes and on the date stated above.

23a. SIGNATURE Ralph W. Laffey, M.D.		23b. ADDRESS Box 312, Jewett, Mo.		23c. DATE SIGNED 3/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/55		24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery,	
		24d. LOCATION (City, town, or county) (State) Ellisville, Mo.			

DATE REC'D BY LOCAL REG 3/14/55		REGISTRAR'S SIGNATURE Herbert R. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.	
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(Licensed Embalmer - Signature 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.....
Signature of Student Embalmer

Signed..... *Richard Bapp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin*

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.