

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3134**
752
Registrar's No. _____

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN MARISSA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 ST. LOUIS CHILDREN'S HOSPITAL			e. STREET ADDRESS (If rural, give location) 32 RT. # 2 8128		
3. NAME OF DECEASED (Type or Print) a. (First) ROSEMARY b. (Middle) N.M.N. c. (Last) THRENN			4. DATE OF DEATH (Month) (Day) (Year) 1 24 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 9-16-48		9. AGE (In years last birthday) 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CARL A. THRENN		13b. MOTHER'S MAIDEN NAME MARY WILKERSON		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ST. LOUIS CHILDREN'S HOSPITAL ADDRESS 500 S. KINGSHIGHWAY ST. LOUIS 10 MO.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 hours		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Acute leukemia		
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. 204.3		
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?		
22. I hereby certify that I attended the deceased from 1-14 , 19 57 , to 1-24 , 19 57 , that I last saw the deceased alive on 1-24 , 19 57 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Barbara Jones M.D.			23b. ADDRESS 500 S. KINGSHIGHWAY ST. LOUIS 10 MO.		23c. DATE SIGNED 1-24-57
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1/24/57	24c. NAME OF CEMETERY OR CREMATORY MARISSA		24d. LOCATION (City, town, or county) (State) MARISSA	
DATE REC'D BY LOCAL REG. JAN 24 57		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Lee H. Hull ADDRESS MariSSa Ill.	

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. 297 working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lee T. J. Full.

Licensed Embalmer No. 2973

P. O. Address Marissa

**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.**