

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012408
State File No.

FILED MAR 18 1958

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. 2062

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If rural, give location) 32 2524 N. 41st. St.		8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Jerome c. (Last) Thurman		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 16, 1909	9. AGE (In years less birthday) 48	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Mt. Carmel, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Elden Thurman		13b. MOTHER'S MAIDEN NAME Catherine Borgers	
14. NAME OF HUSBAND OR WIFE La Verne Thurman		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. 355 01 2924	
17. INFORMANT'S SIGNATURE OR NAME La Verne Thurman		ADDRESS E. St. Louis			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 DYS.	
		ANTECEDENT CAUSES malnutrition & alcoholism Morbid conditions, if any, giving rise to the above cause (a) stating plus cerebral edema DUE TO (b) Malnutrition & Alcoholism DUE TO (c) plus cerebral Edema		2 WKS. 24 DYS.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Convulsions 2nd to alcoholism			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493x		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) 2-20-58		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 16 Feb., 1958, to 20 Feb., 1958, that I last saw the deceased alive on 20 Feb., 1958, and that death occurred at 3:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Murray E. Finn		(Degree or title) M.D.		23b. ADDRESS Rm 518 Frisco Bldg. Room 518 Frisco Bldg. St. Louis Mo 2/21/58	
23c. DATE SIGNED 2/21/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 20 1958	
24c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetary		24d. LOCATION (City, town, or county) (State) St. Clair Co., Illinois			
DATE REC'D BY LOCAL REG. FFR 2158		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS E. St. Louis	

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.....

Chas Burke

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address.....

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.