

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

58-023824  
State File No. ....

FILED JUL 3 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6433

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. LENGTH OF STAY (If in hospital) 15 days		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital.		e. STREET ADDRESS (If rural, give location) 3617 Grand Koeln			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)		c. (Last) Thorp.	
4. DATE OF DEATH (Month) June (Day) 25, (Year) 1958					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2	
8. DATE OF BIRTH Abt. 1867		9. AGE (In years last birthday) (Specify) ab. 91		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME Dolores Jerciek 3617 Koeln	
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.		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH			
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Disease			
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 720.0			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 June 10, 1958, to June 25, 1958, that I last saw the deceased alive on June 25, 1958, and that death occurred at 3:10A m., from the causes and on the date stated above.					
23a. SIGNATURE George M. Jerciek, M.D.		23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 6/25/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-26-58		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. FURNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		24f. ADDRESS 6322 S. Grand, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 26 58		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. m. J. B.		FURNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	

(Licensed Embalmer's Statement 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 *David Van Brossa*.....

Licensed Embalmer No. *439*.....

P. O. Address *St Louis*.....

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.