

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

**58-030036**

STATE FILE NUMBER

Health,  
& Welfare  
Public  
Service

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 211

<b>FILED SEP 8 1958</b>	
<b>1. PLACE OF DEATH</b>	
a. COUNTY <b>St. Charles</b>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>	a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>	c. CITY OR TOWN <b>West Alton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <b>R.R.#1</b> (If outside, give location) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. Length of stay in 1b <b>5-days</b> f. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print)	
First <b>William</b> Middle <b>Andrew</b> Last <b>Thomure</b>	<b>4. DATE OF DEATH</b> Month <b>Aug.</b> Day <b>30</b> Year <b>1958</b>
<b>5. SEX</b> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	<b>6. COLOR OR RACE</b> White
<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>June 3, 1906</b>
<b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Foreman</b>	<b>9. AGE</b> (In years last birthday) <b>52</b> IF UNDER 1 YEAR IF UNDER 21 HRS. Months <b>2</b> Days <b>27</b> Hours <b></b> Min. <b></b>
<b>10a. KIND OF BUSINESS OR INDUSTRY</b> <b>Standard Oil Co.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>West Alton, Mo.</b>
<b>13. FATHER'S NAME</b> <b>Arthur F. Thomure</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>14. MOTHER'S MAIDEN NAME</b> <b>Alevia Keene</b>	<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)
<b>16. SOCIAL SECURITY NO.</b> <b>- - -</b>	<b>17. INFORMANT</b> <b>Mrs. Eugene Bextermueller</b> Address <b>West Alton, Mo.</b>
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive cardio vascular disease</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>443X</b>	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>1</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>5 years</b>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <b></b>
<b>20c. TIME OF INJURY</b> Hour <b></b> Month, Day, Year <b></b> a. m. <b></b> p. m. <b></b>	<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Cere</b>
<b>20f. CITY, TOWN, OR LOCATION</b> <b>West Alton</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	<b>21. I attended the deceased from</b> <b>May 1957</b> to <b>Aug 30-1958</b> and last saw her/him alive on <b>Aug 30 1958</b> Death occurred at <b>5:15 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
<b>22a. SIGNATURE</b> <b>E. J. Canty M.D.</b> (Degree or title)	<b>22b. ADDRESS</b> <b>Dr. Charles Inc</b> <b>22c. DATE SIGNED</b> <b>Sept 1, 1958</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	<b>23b. DATE</b> <b>Aug. 31, 1958</b> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Ebenezer Cemetery</b> <b>23d. LOCATION (City, town, or county) (State)</b> <b>West Alton, Missouri</b>
<b>24. FUNERAL DIRECTOR</b> <b>Thomas J. Burke, Jr.</b> ADDRESS <b>Alton, Ill.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>Sept. 1-58</b> <b>26. REGISTRAR'S SIGNATURE</b> <b>Margaret Wilson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

SEP 10 1958

SEP 10 1958

SEP 11 1958

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 *Gene Mitchell*.....

Licensed Embalmer No. *44*

P. O. Address *Floress*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.