

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034762
STATE FILE NUMBER

8914
Registrar's No.

FILED OCT 3 1958		Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 8914	
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. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's			Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) Wentzville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emanuel Middle Thoroughman Last Thoroughman				4. DATE OF DEATH Month Sept. Day 13, Year 1958			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 30, 1917 41	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber			10b. KIND OF BUSINESS OR INDUSTRY Plumbing	11. BIRTHPLACE (City and state or country) St. Charles, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Thoroughman				14. MOTHER'S MAIDEN NAME Clara Hilker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #2			16. SOCIAL SECURITY NO. 499-38-5458	17. INFORMANT Address Mrs. Virginia Thoroughman, Wentzville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MENINGIOMA (BRAIN TUMOR)							INTERVAL BETWEEN ONSET AND DEATH 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							223X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/6/58 to 9/13/58 and last saw him alive on 9/13/58 Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wm. A. Tibbs (Degree or title) William A. Tibbs M.D.			22b. ADDRESS 3720 WASHINGTON		22c. DATE SIGNED 9/16/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) St. Charles, Missouri			
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 16 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD		

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Quinlan: non-malignant

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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 C. Baum*.....

Licensed Embalmer No... *50*

P. O. Address *St. Charles*.....

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.