

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019866

FILED JUN 9 1959

Registration District No. 317 Primary Registration District No. 541 STATE FILE NUMBER Registrar's No. 1417

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 LOUIS	
b. CITY (If outside corporate limits give township only) OR ST LOUIS TOWN CLAY COUNTY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OVERLAND Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS CTY Length of stay in lb 3 DAYS		d. STREET ADDRESS 968 BALTIMORE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARTMAN Middle Last THORPE			4. DATE OF DEATH Month 5 Day 19 Year 1959
5. SEX M	6. COLOR OR RACE C	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS Hours Min.
13a. FATHER'S NAME Robert Thorpe		13b. MOTHER'S MAIDEN NAME Eyer Travis	11. BIRTHPLACE (City and state or country) PARIS TENN 12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE MARY THORPE		17. INFORMANT MARY THORPE Address 9681 BALTIMORE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 443x 19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <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 4-16-59 to 5-19-59 and last saw ^{him} alive on 5-19-1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gene W. Page, M.D. (Name or title)		22b. ADDRESS 601 S. BRENTWOOD	
22c. DATE SIGNED 5-21-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-23-59	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK	23d. LOCATION (City, town, or county) (State) 9500 NATURAL Bld MO.
24. FUNERAL DIRECTOR ADDRESS WALTON 2707 Stoddard		25. DATE RECD. BY LOCAL REG. 5-22-59	26. REGISTRAR'S SIGNATURE John B. Mumfley, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Claude Gordon*

Licensed Embalmer No. *3489*
P. O. Address *4525 Al*

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.