MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025624
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1731

FILED JUN 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4005
2 4607
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: RICHMOND HEIGHTS ~~St. Louis~~ — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7800 Weil Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles Middle: LeRoy Last: Thurston
4. DATE OF DEATH: Month: June Day: 8 Year: 1962
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/27/87
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Lebanon, Ill.
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: Nel. Thurston
13b. MOTHER'S MAIDEN NAME: Mary Brewer
14. NAME OF HUSBAND OR WIFE: Ethel H. Thurston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Ethel Thurston, 7800 Weil Ave. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 1955 to 6/8/62 and last saw ~~him~~ alive on 6/8/62
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. F. Melick, MD (Degree or title)
22b. ADDRESS: 3720 Washington Ave
22c. DATE SIGNED: 6-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): ~~Removal~~ Entombment
23b. DATE: 6/12/62
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich, Webster Groves, Mo.
25. DATE RECD. BY LOCAL REG.: 6-11-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Nolah

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo.

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.