

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19938

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 3732 St. Louis)

File No.....
Registered No. 5698
St. Ward)

2. FULL NAME

(a) Residence. No. 3732 St. Louis a. St., 11 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

George W. Thornhill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

67 | 7 | 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home **82A**
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

John Hoban

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Jordh Sulmasta

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT (Address)

Mary Thornhill
3732 St. Louis a

15.

FILED

20 1927 Marie Starks
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to June 18, 1927, that I last saw him alive on June 15, 1927, and that death occurred, on the date stated above, at 82A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy
(duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTAINED?
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Besset, M. D.

6-20-1927 (Address) Carlotta Alley

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary cemetery June 21 1927

20. UNDERTAKER ADDRESS
Cullman Bros 1700 N Grand St

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE INK, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Dr. Seebold

Northton Reef

12-1

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