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

Do not use this space.

38807

1. PLACE OF DEATH
County St. Louis
Township Clarondelet
City (No. E. Watson Rd. St. Ward)

Registration District No. 785
Primary Registration District No. 6248

File No.
Registered No. 236

2. FULL NAME Thomas D. Sturdy
(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

DEC 26 193

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary E. Sturdy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29 - 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	8	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Missouri

PARENTS
10. NAME OF FATHER Oswald Sturdy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Katherine Krainer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Herold S. Smith
(Address) Webster Groves Mo. R.F.D. 6

15. FILED 11/27, 1931 C E Barnett Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to November 26 1931 that I last saw him alive on Nov. 26 1931, and that death occurred, on the date stated above, at 3.45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of sigmoid
460
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Endocarditis,
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Cambridge 3600
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? X-Rays
(Signed) Frank O Anderson M. D.
11-27, 1931 (Address) 2816 Sutton Maplewood Mo.

*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: Sturdy Private Cemetery
DATE OF BURIAL: Nov 30 1931

20. UNDERTAKER: Louis H Bopp
ADDRESS: Kirkwood Mo