

NOV 15 1937

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

35963  
Do not use this space.

1. PLACE OF DEATH Enroute to Hospital No. 2.

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City St. Louis. (d) Street No. Summit City Hosp #2 Registered No. **9540**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bernice Thurman

(a) Residence, No. 3723 Vista St. 18 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
23 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Dewitt Thurman

14. BIRTHPLACE (CITY OR TOWN) Wright City (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Caroline Brith

16. BIRTHPLACE (CITY OR TOWN) Wright City (STATE OR COUNTRY) Missouri

17. INFORMANT Dewitt Thurman (ADDRESS) 3128 Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 10/13/37

19. FUNERAL DIRECTOR E. L. Garner (ADDRESS) 2829 Washington Ave

20. FILED 13 1937 J. Brudick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 - 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19....., to ..... , 19.....

I last saw h..... alive on ..... , 19..... Death is said to have occurred on the date stated above, at 4:35 PM.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia  
Primary

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred J. Perry, M. D.(Address) St. Louis, Missouri

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard....., Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

**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.)**