

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.

ISOLATION HOSPITALS
RECEIVED AUG 12 1938

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

24021
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **ST. LOUIS, MO.** (d) Street No. **Isolation Hospital** Registered No. **6715**
(e) Length of residence in city or town where death occurred **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE THURMAN **655**
(a) Residence, No. **2246 BLENDON PLACE** St. **4**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6, 1886**

7. AGE YEARS **52** MONTHS **1** DAYS **20** If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **SALESMAN.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI.**

FATHER
13. NAME **WILLIAM THURMAN.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KENTUCKY. O**

MOTHER
15. MAIDEN NAME **MARY DAVID.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **CANADA. W**

17. INFORMANT (ADDRESS) **Stella Grady, 5600 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **DeSoto Mo.** DATE **7-29**, 19**38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary, 4228 So. Kingshighway**

20. FILED **JUL 27 1938** **J.P. Redick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-26**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **7/12/38**, 19... to **7/26**, 19**38**

I last saw him alive on **7/26/38**. Death is said to have occurred on the date stated above, at **Lisp**.

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

Perthmann
Tuberculosis
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **1**
If so, specify **See J. Bozak** M. D.
(Signed) (Address)

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3024

P. O. Address.....

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 this body is not embalmed, above space should be left blank.