

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.

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

6912  
Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH

(a) County Jefferson 2 Registration District No. 421  
(b) Township Jackson 1 Primary Registration District No. 5575 Registered No. 20  
(c) City ..... (d) Street No. .... St. ....  
(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

(a) Residence, No. 5575 Stillbirth (Thomure) St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21 1939

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-19

....., 19....., to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

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

Stillborn Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus mo  
R # 2

Other contributory causes of importance:

13. NAME Jos. Wm Thomure Jr

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson co mo  
mo c

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

15. MAIDEN NAME Ruth N. Schanz

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valmeyer  
Ill.

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Jos Thomure  
R # 2 Festus mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus mo DATE 2/23 1939

Manner of injury.....

Nature of injury.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fink and co  
Festus mo 3rd

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

If so, specify.....

20. FILED 2/23 1939 J E Rutledge  
Local Registrar

(Signed) Clarence C. Crosby, M.D.

(Address) 204 Main St. Festus mo 3

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**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.....

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.**