

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-1-39  
1 x1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24270**  
Registrar's No. **6543**

REG'D AUG 11 1939 **791**  
Registration District No. **1008**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **SAINT LOUIS**  
(c) Name of hospital or institution: **LUTHERAN CONVELSANT HOME** **3**  
(d) Length of stay: In hospital or institution **2 YEARS**  
In this community **35 YEARS.**

3. (a) PRINT FULL NAME **JOHN STROTHER THURMAN** **655**  
3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **CORA VIRGINIA BROWNE** 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased **JANUARY 2 - 1868**

8. AGE: Years **71** Months **6** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **LYNCHBURG VIRGINIA**

10. Usual occupation **INVENTOR - RETIRED**

11. Industry or business \_\_\_\_\_  
12. Name **THURMAN**  
13. Birthplace **VIRGINIA**  
14. Maiden name **MARY HURLEY**  
15. Birthplace **VIRGINIA**

16. (a) Informant's own signature **C. R. Lupton**  
(b) Address **4475 WEST PINE BLVD.**

17. (a) **Cremation** (b) Date thereof \_\_\_\_\_  
(c) Place: burial or cremation **VALHALLA CREMATORY**

18. (a) Signature of funeral director **C. R. Lupton**  
(b) Address **7233 DELMAR BLVD**

19. (a) **AUG 26 1939** (b) **J. H. Brundick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **SAINT LOUIS** **15**  
(d) Street No. **4359 TAFT AVE.**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **25** year **1939** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **July 12** to **July 25** 19**39**  
that I last saw him alive on **July 25** 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**  
Due to **Hypertensive (Subarterial) Type**  
Due to **Spottic Paraplegia**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **GI**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **J. H. Brundick** (M. D. or other) \_\_\_\_\_  
Address **4475 West Pine** Date signed **8/26/39**

4724 Greenfield  
Riverside 0437.

*Not embalmed  
CF*

**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.**