

NOV 16 1940 791
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.
(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. PACIFIC HOSPITAL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County NR
(c) City or town MAPLEWOOD, NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7234 LYNDOVER PL.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

WM JOS. THURMAN

(b) If veteran, name war _____

(c) Social Security No. 203-01-2909

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

7. (b) Name of husband or wife AMY BAER THURMAN

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased JUNE 3rd 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 28 If less than one day hr. min.

9. Birthplace MO (City, town, or county) (State or foreign country)

10. Usual occupation LOCOMOTIVE ENGINEER 9

11. Industry or business _____

12. Name RICHARD THURMAN 0

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name HELENA SIEBERT (City, town, or county) (State or foreign country)

15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amy Thurman

(b) Address 7234 LYNDOVER PL.

17. (a) BURIAL (b) Date thereof 10-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALVARY

18. (a) Signature of funeral director J. M. Muller

(b) Address 5165 DELMAR BLVD.

19. (a) OCT 2 1940 (b) J. F. Sedwick
(Date received for registration) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year '40 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from 9-26
1940 to 9-30 1940;

that I last saw him alive on 9-30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____ (City or town) (County) (State)

(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 C. H. Rodgers M.D. or other M.O. Address MO. Pac Hosp Date signed 9-30-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Howard F. Rowland

Licensed Embalmer No.....

3114

P. O. Address.....

21 Harris P. Mo.

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, fact should be so stated above.