No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36729

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9002

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 15

(d) Street No. 4667 South Spring (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lee Thurman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Minnie Thurman

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

7. Birth date of deceased 7 Feb 20 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Coal man

11. Industry or business

FATHER
12. Name Roy Thurman
13. Birthplace Farmington (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Harriette Williams
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Lizzie Bostic

(b) Address 2933 Lucas, ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~Oct 3~~ Nov 1 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas, ave

19. (a) NOV 1 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1940 hour 1:40 minute P M.

21. I hereby certify that I attended the deceased from October 23, 1940, to October 28, 1940 that I last saw him alive on October 28, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	18mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Allen (M. D. or other)

Address 2601 N Whittier Date signed 10/30/40

(Licensed Embalmer's Statement on Reverse Side)

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. Louis V. Atki

Licensed Embalmer No. 2842

P. O. Address 3644 Fine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.