

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8895
State File No.
2305
Registrar's No.

Registration District No. 7917 Primary Registration District No. 1003

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:
1905 Rutger Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 28 years
years, months or days)

3. (a) PRINT FULL NAME MISSOURI ELLEN THURMAN
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed 9
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 4, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 7 _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER {
12. Name John Thurman
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Julia Thurman
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lena Williams
(b) Address 2110th So. 18th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14-41
(Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director A.W. McLaughlin

(b) MAR 13 1941 (Date received local registrar)
(c) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0022
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Rutger Street 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March Day 11 year 1941 hour 10 minute — P.M.
21. I hereby certify that I attended the deceased from Jan 4 1941 to March 11 1941
that I last saw her alive on March 11 1941
and that death occurred on the date and hour stated above.
Immediate cause of death mitral stenosis
Duration 13
Due to _____
Due to _____
Other conditions old age
(Include pregnancy within 3 months of death)
Major findings: Fracture of both legs
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?
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature H. J. Moore (M. D. or other) 0
Address 1064 So. 18th Date signed 3/11/41

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.....

L. R. Casper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.