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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

35996

State File No. 10002

Registrar's No.

955

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: 4518 Alaska 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4518 Alaska Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John William Torrence

3. (b) If veteran, name war No

3. (c) Social Security No. 489-18-0629

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Mary May (Mammie) Boyer

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 15, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	7	15	hr. min.

9. Birthplace Washington Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Semi Steel Casting Co. St. Louis, Mo

FATHER
12. Name William Torrence
13. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Mary Ann Christopher
15. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Roy A. Torrence
(b) Address 1317 Marcus ave St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) DEC 1 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Illuminating gas poisoning when deceased was found lying on the floor in basement of his home with over coat over his head and rubber hose connected to gas stove in his mouth on Nov. 30th 1942 about 9:40 pm.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 163 H

Of autopsy 11 H

Duration

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) Suicide

(b) Date of occurrence Nov 30 1942

(c) Where did injury occur? St Louis (City or town) (County) (State)

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

While at work? no (e) Means of injury Gas

23. Signature Alfred Kerry (M. D. or other)

Address Carpenter Coord Date signed 12/1/42

B

84C (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 J. Lee Mothershead

Licensed Embalmer No. 3521

P. O. Address Gelato MN

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.