

S. No. 2
DOM-2-43
5-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27128**
7806
Registrar's No.

FILED SEP 11 1943 318
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution: 31 hours
In this community 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIS H. THORNHILL
3. (b) If veteran, name was --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Thornhill 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November 28, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 27 hr. min.

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

10. Usual occupation Postman

11. Industry or business U. S. Government

MOTHER FATHER

12. Name Unavailable
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Helen Hubbard
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Thornhill

(b) Address 217 South 23rd Street

17. (a) Burial (b) Date thereof 8/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) Aug 27 1943 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL") 722
(d) Street No. 217 South 23rd Street
(If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1943 hour 9: minutes 10 P. M.

21. I hereby certify that I attended the deceased from Aug 13
1943 to Aug 25 1943
that I last saw him alive on Aug 25
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma
Chronic Nephritis
Due to Chronic Nephritis
Due to Chronic Nephritis

Duration

Other conditions 10/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10/1
Of autopsy 10/1

PHYSICIAN

Underline the cause to which death should be charged statistically.

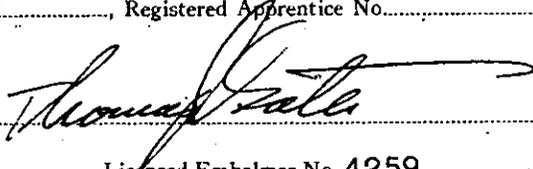
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. L. ... (M. D. or other)
Address 2316 ... Date signed 8/24/43

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.....

.....Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed..........

Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Avenue.....

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.