S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4176

Registration District No. 3171 Primary Registration District No. 6076 Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6350 Wellsmar Avenue. 1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1519 Valle Avenue. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Herbert M. Torrence.

3. (b) If veteran, name war None

3. (c) Social Security No. 499-12-0083

4. Sex Male 1

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Torrence.

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June (Month) 2, (Day) 1893. (Year)

8. AGE: Years 52 Months 7 Days 1 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Machine Operator.

11. Industry or business

FATHER 12. Name James Torrence.

FATHER 13. Birthplace (City, town, or county) Canada. (State or foreign country) 2

MOTHER 14. Maiden name Anna Hopp.

MOTHER 15. Birthplace Dont know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Myrtle Torrence. 1

(b) Address 1519 Valle Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1946. (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 1-7-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd. year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-24, 1945, to 1-2, 1945; that I last saw him alive on 1-2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1 da
Due to Chronic Endocarditis	2 wk
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 [illegible] M.D. (M.D. or other)

Address 340 Bermuda Ave Date signed 1-3-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. G.H.Klinkerfuss.
340 Bermudo Ave.
Hours 3 to 7 P.M.
Telephone Evergreen 4743

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.