

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED AUG 5 1948

Registration District No. 317

Primary Registration District No. 6076

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:
6208 Plymouth Ave.
(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)

3. (a) PRINT FULL NAME William Samuel Thurmond

3. (b) If veteran, name war. Nil

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Thurmond

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

7. Birth date of deceased December 28 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>7</u>	<u>3</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry, or business

12. Name Benjamin F. Thurmond

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

14. Maiden name Emily Garr

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

16. (a) Informant Sarah E. Stevenson

(b) Address 6208 Plymouth Ave.

17. (a) Burial (b) Date thereof 8-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 8-1-46 (b) E. S. Gavian
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6208 Plymouth Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 10
1945, to July 13, 1946
that I last saw him alive on July 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Atherosclerosis

Due to cardio-nephrosis

Due to General arteriosclerosis

Other conditions Hypertension, Prostatitis, cystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131-a

Of autopsy.....

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).....

(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 Samuel W. Wertz (M. D. or other)
Address 2906 N. Union Date signed 7/30/46

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

76
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207

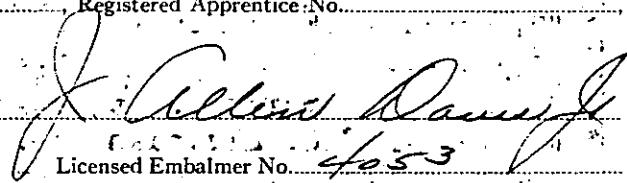
STATEMENT BY LICENSED EMBALMER

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.....



..... Licensed Embalmer No. 4053

P.O. Address.....

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.