

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946
#65839

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

43040
State File No. 10920
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - ax @ Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 da
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GEORGE THORN Thorn
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Amelia M. Thorn
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 22nd 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 26 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer J. Thorn
(b) Address 5316 Janet

17. (a) burial (b) Date thereof 12-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director: [Signature]
(b) Address 2117 E. Grand

19. (a) DEC 20 1946 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
Street No. 4204 John Ave.
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 18th
year 1946 hour 9:24 minute _____ P. M.
21. I hereby certify that I attended the deceased from 12/18/46
to Dec. 18th, 1946
that I last saw him alive on Dec. 18th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death 15 pneumonia
Generalized Osteomyelitis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 107
Of operations _____
Of autopsy above

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?

23. Signature [Signature] Date signed 12/19/46
Address _____

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Frank A Moore*

Licensed Embalmer No. *3041*

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.