

No. 2
-12-45
-5-17-39
1 X47070

FILED JUN 5 1947

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 108 days
(Specify whether
in this community (ANNA N. THURSTON.)
years, months or days)

3. (a) PRINT FULL NAME ANNA N. THURSTON

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward H. Thurston 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 27 1974
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>25</u>	hr. min.

9: Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Theodore Narton
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wielka Schmidt
15. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miles Thurston

(b) Address #4 Oakleigh Lane

17. (a) Burial (b) Date thereof 5-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd

19. (a) MAY 23 1947 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**
(c) City or town Ladue **12**
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. #4 Oakleigh Lane **1-**
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1947 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from February 1947 to May 22 1947
that I last saw her alive on May 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to General debilitation

Due to Epidermoid carcinoma of ethmoid at anterior frontal sinus with metastases
Other conditions frontal sinusitis
(Include pregnancy within 3 months of death)

Major findings: Of operations 55
Of autopsy none
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 0

23. Signature J.R. Bradley (M.D. or other)
Address Barnes Hospital Date signed 5/22/47

JUN 6 1967

JUN 7 1967

D. J. R. Bradley
Barman Street

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, N.J.

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.