

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22193

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1349</u>											
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>													
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carsonville</u> <u>4</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u> <u>13</u>		d. STREET ADDRESS (If rural, give location) <u>2625 Carson Road</u> <u>0</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn's Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>2625 Carson Road</u>													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JAMES</u>			b. (Middle) <u>A</u>			c. (Last) <u>THURMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 7, 1862</u>		9. AGE (in years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Calidonia, Mo.</u> <u>0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Bertha</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Eugenia Moon</u>				ADDRESS <u>7428 W. Florissant</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>Arterio sclerosis, generalized 5 years</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>83a</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia 832</u>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <u>March 4, 1949</u> , to <u>June 3, 1949</u> , that I last saw the deceased alive on <u>June 2, 1949</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>						23b. ADDRESS <u>8231 Clayton Rd (17)</u>						23c. DATE SIGNED <u>6/5/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>6-6-1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>				24d. LOCATION (City, town, of county) (State) <u>De Soto, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>6-5-49</u>				REGISTRAR'S SIGNATURE <u>Harold L. King</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>A.W. McLaughlin</u>				ADDRESS <u>2301 Lafayette</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Thos. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.