V.S. No. 300
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FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25351

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6770

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4966 PALM STR.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 4966 PALM STR.

3. NAME OF DECEASED (Type or Print) a. (First) THECKLA b. (Middle) C. c. (Last) THOMURE

4. DATE OF DEATH (Month) AUG. (Day) 1st (Year) 1949

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOW

8. DATE OF BIRTH SEPT. 6th 1888 **9. AGE** (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? D

13a. FATHER'S NAME HENRY KLUTE
13b. MOTHER'S MAIDEN NAME CATHERINE M. TIMMERMANN
14. NAME OF HUSBAND OR WIFE HARRY THOMURE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME G. Henry Klute **ADDRESS** 3623 Bellerive Ave

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) Electrocution; when deceased was electrocuted by fan falling on her right shoulder and breast while she was lying in the BATH tub at her home on Aug 1 1949 at about 415 pm

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION (6) Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 1943
21d. TIME OF INJURY (Month) Aug (Day) 1 (Year) 49 (Hour) 415 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? DD E 9143

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 415 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alfred Perry Lepoff Comm D **23b. ADDRESS** 1300 Clark **23c. DATE SIGNED** 8/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** AUG 5-1949 **24c. NAME OF CEMETERY OR CREMATORY** CALVARY CEM **24d. LOCATION** (City, town, or county) (State) 5165 DELMAR BL.

DATE REC'D BY LOCAL REG. AUG 4 1949 **REGISTRAR'S SIGNATURE** J B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN **ADDRESS** UND. CO. 5165 DELMAR

(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.

Signed H. G. Farris

Signed _____
Student Embalmer

Licensed Embalmer No. 338K

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.