

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 39366  
Registrar's No. 9726

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>000</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6718 Glades 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1949	
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Jane c. (Last) Thornsberry		5. SEX Female 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 22, 1902	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Crocker, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Thompson		13b. MOTHER'S MAIDEN NAME Rurah Shelton	
14. NAME OF HUSBAND OR WIFE Cecil Thornsberry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Thornsberry, 6718 Glades	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) <i>10 2</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>33 1:1X</i>		22. I hereby certify that I attended the deceased from <i>Aug. 8, 1949</i> , to <i>Nov. 8, 1949</i> , that I last saw the deceased alive on <i>Nov. 4, 1949</i> , and that death occurred at <i>1:30 p. m.</i> , from the causes and on the day stated above.	
23a. SIGNATURE <i>Walter A. Dill</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>7346 e Manchester Maplewood 17, Mo.</i>	
23c. DATE SIGNED <i>11-10-49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-9-49		24c. NAME OF CEMETERY OR CREMATORY Oaklawn	
24d. LOCATION (City, town, or county) (State) Richland, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. NOV 11 1949		REGISTRAR'S SIGNATURE <i>J. B. Jasater</i>	

**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

*J. Wm. [Signature]*

Licensed Embalmer No. \_\_\_\_\_

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.