

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28738
6816

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Louis co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2634 Clark Ave</u>	
d. FULL NAME OF DECEASED (If deceased in institution, give name of institution) <u>Norman Villa Thurman</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman</u> b. (Middle) <u>Villa</u> c. (Last) <u>Thurman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6. 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 12 1917</u>		9. AGE (In years last birthday) <u>32</u>		10. MONTHS <u>7</u> DAYS <u>19</u> HOURS <u>12</u> MIN. <u>19</u>	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Wright City Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Mike Steward</u>		13b. MOTHER'S MAIDEN NAME <u>Irons Belle Thurman</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Thurman 2327 Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>3327</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Ruth Thurman Clark</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries in Autopsy under</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Case of death Epilepsy</u>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			DUE TO (c) <u>ingest indicates Epilepsy</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Natural Causes</u>			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>353. 2</u>	

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 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Turner Deputy Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>aug 13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. W. Hughes 2620 Lawton</u>			

DATE REC'D BY LOCAL REG <u>AUG 11 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. W. Hughes 2620 Lawton</u>	
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(Licensed Embalmer's Seal must be on Reverse Side)

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

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SEP 0 01950

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 James A. Carter

Licensed Embalmer No. 4680

P. O. Address 4923 Suburban

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.