

FILED MAY 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15188

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1092

1. PLACE OF DEATH  
 a. COUNTY ST. Louis  
 b. CITY (If outside corporate limits, write RURAL and give town) Manchester Mo  
 c. LENGTH OF STAY (In this place) 8 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) 16  
 OR TOWN # 49 Morschels, Mo. 4760  
 d. STREET ADDRESS (If rural, give location) St. Louis County

3. NAME OF DECEASED  
 a. (First) BIRDIE b. (Middle) 7 c. (Last) THOGMORTON  
 4. DATE OF DEATH (Month) (Day) (Year) April 24- 1951

5. SEX F 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June 30, 1871 9. AGE (In years last birthday) Months Days 79 9 24 IF UNDER 1 YEAR IF UNDER 12 HRS. 24 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Milan, Tennessee 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Jasper House 13b. MOTHER'S MAIDEN NAME Sarah Jane Walker 14. NAME OF HUSBAND OR WIFE Rev. P.G. Thogmorton

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 ADDRESS Dr. R.J. Thogmorton #49 Morschels, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Generalized Carcinoma  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Chronic Myocarditis  
 DUE TO (c) Arterio-Sclerosis  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4.5.51 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from April 18, 1951, to April 24, 1951, that I last saw the deceased alive on April 21, 1951, and that death occurred at 1:45 P m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Jansen (Degree or title) M. D. 23b. ADDRESS Manchester, Mo. 23c. DATE SIGNED 5-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/26/51 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 24d. LOCATION (City, town, or county) (State) Fredricktown, Mo.

DATE REC'D BY LOCAL REG. 4-25-51 REGISTRAR'S SIGNATURE Herbert A. Monte M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois Ave.

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

4000 4

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

**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.