

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31907

State File No.

5317-57
FILED SEP 22 1951

BIRTH NO.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7970**

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 MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO	
c. LENGTH OF STAY (If this place) 2 days		d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S	
d. STREET ADDRESS (If rural, give location) 2307 No. Kings Highway			

3. NAME OF DECEASED (Type or Print) a. (First) MORTON b. (Middle) EARL c. (Last) THAL JR			4. DATE OF DEATH (Month) (Day) (Year) 9 7 51		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1-22-51	9. AGE (In years last birthday) 7	10. IF UNDER 1 YEAR Months Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MORTON THAL SR		13b. MOTHER'S MAIDEN NAME MARSHA SEIDEL		14. NAME OF HUSBAND OR WIFE	
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 J. EGAN 500 So. Kings Highway	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intussusception, ileocolic		INTERVAL BETWEEN ONSET AND DEATH
	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.		

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)	
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? 570.0	

22. I hereby certify that I attended the deceased from **9-5**, 19**51**, to **9-7**, 19**51**, that I last saw the deceased alive on **9-7**, 19**51**, and that death occurred at **5:17A** m., from the causes and on the date stated above.

23a. SIGNATURE Don L. Smith M.D.		23b. ADDRESS 500 So. Kings Highway		23c. DATE SIGNED Sept 7-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept 9 1951		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery	
24d. LOCATION (City, town, or county) St. Louis County					

DATE REC'D BY LOCAL REG. SEP 7 1951		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Lindstrop 200 S. 2nd St.	
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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *P. B. Dubouillet*

Licensed Embalmer No *3691*

P. O. Address *Richmond Heights, Mo.*

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.