

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26412

FILED JUL 31 1952

318

1003

State File No.

Registrar's No. 6917

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 6917			
1. PLACE OF DEATH a. COUNTY <u>S</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>							
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>East St. Louis</u>		9120					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4300 Pocket Road</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norval</u>			b. (Middle) <u>Thurman</u>			c. (Last) <u>Thurman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>2-Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Nov 10, 1879</u>		9. AGE (In years last birthday) <u>72</u>		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) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mod-Carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Osage City, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas Thurman</u>				13b. MOTHER'S MAIDEN NAME <u>Jennie Jeffers</u>				14. NAME OF HUSBAND OR WIFE <u>Florence Thurman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Thurman, Jr.</u> ADDRESS <u>2634 St. Louis Ave E. St. Louis, Ill.</u>							
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases Boney + Lung</u> DUE TO (c) <u>Terminal Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1.5 yrs.</u>			
19a. DATE OF OPERATION <u>3/12/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. Prostate</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? <u>177X</u>					
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"/>									
22. I hereby certify that I attended the deceased from <u>2/16</u> , 1951, to <u>7/15</u> , 1952, that I last saw the deceased alive on <u>7/15</u> , 1952, and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Samuel W. Brown M.D.</u>						23b. ADDRESS <u>117 N. Jefferson Ave</u>			23c. DATE SIGNED <u>7/17/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>17 July 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis Illinois</u>					
DATE REC'D BY LOCAL REG. <u>JUL 17 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Officer</u>		ADDRESS <u>1114 Mo. Ave E. St. Louis, Ill.</u>					

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2490

P. O. Address East Howard St

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.