

## STANDARD CERTIFICATE OF DEATH

26426

State File No. ....

FILED AUG 6 1952  
56787

1003

6839

BIRTH NO. <u>56787</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>6839</u>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4020 Lemay Ferry Road</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>								
3. NAME OF DECEASED a. (First) <u>Walter</u> (Type or Print)			b. (Middle) <u>Eugene</u>		c. (Last) <u>Thomure</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-9-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Nil</u>	8. DATE OF BIRTH <u>7-9-1952</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 2 HRS. Days <u>4</u> Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Wendell Thomure</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Lueddeke</u>		14. NAME OF HUSBAND OR WIFE <u>***</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>4020 Lemay Ferry Rd.</u>		ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Heart -</u>					INTERVAL BETWEEN ONSET AND 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? <u>7600</u>				
22. I hereby certify that I attended the deceased from <u>7/9</u> , 19 <u>52</u> , to <u>7/13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/13</u> , 19 <u>52</u> and that death occurred at <u>3:12</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. Meyerhardt</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4409 W. Pine</u>		23c. DATE SIGNED <u>7/14/52</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road Mo.</u>		
DATE REC'D BY LOCAL OFFICE <u>JUL 15 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein Bros</u>		ADDRESS <u>6409 Gravoia Ave</u>		

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.....

*Paul M. Seymour*

Licensed Embalmer No.....

*4343*

P. O. Address.....

*St. Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with this above constitutes grounds for revocation of license.)**

**.If this body is not embalmed, fact should be so stated above.**