

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 3 1953

STANDARD CERTIFICATE OF DEATH

3843

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

0648

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 1		d. STREET ADDRESS (If rural, give location) 6 5711 Wabada Avenue 0	
3. NAME OF DECEASED (Type or Print) a. (First) CECIL b. (Middle) V. c. (Last) THORNTON		4. DATE OF DEATH (Month) (Day) (Year) January-19-1953	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-9-1884
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. House Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Negative Retoucher		10b. KIND OF BUSINESS OR INDUSTRY Photography	
11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Thornton		13b. MOTHER'S MAIDEN NAME ?? Tucker	
14. NAME OF HUSBAND OR WIFE Martha Thornton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Martha Thornton		ADDRESS 5711 Wabada Avenue	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lobar Pneumonia</i> 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 490X			
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 5557 ¹⁰ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Patrick E. Taylor</i>		23b. ADDRESS 300 Clark Ave	
23c. DATE SIGNED 1/20/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan-22-1953	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. JAN 20 1953		REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Beiderwieden F. H. Inc.</i>		ADDRESS 1936 St. Louis Ave	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Max L. Wafer

Licensed Embalmer No.

4170

P. O. Address

St. Louis, 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.