

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19971**
5157

FILED JUN 4 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

| | | | | | |
|---|-------------------------------|---|---|---|---|
| 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 town) St. Louis | | c. LENGTH OF STAY (in this place) 45-yrs. | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5918 Waterman Ave. | | e. STREET ADDRESS (If rural, give location) 5918 Waterman Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) L. c. (Last) Thorpe | | | 4. DATE OF DEATH (Month) (Day) (Year) May 21, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH August 17, 1878 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 9 Days 4 IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Regional Mgr. Chrysler Motor Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Charles M. Thorpe | | 13b. MOTHER'S MAIDEN NAME Emily Reed | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Gertrude Thorpe | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. not known | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Thorpe | | ADDRESS 5918 Waterman Ave. | | | |
| 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) arterio-sclerotic heart disease | | | INTERVAL BETWEEN ONSET AND DEATH many years |
| ANTECEDENT CAUSES Morbidity 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | |
| 22. I hereby certify that I attended the deceased from Feb 17 , 19 53 , to May 21 , 19 53 , that I last saw the deceased alive on 5-15 , 19 53 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Drew Luten MD (Degree or title) | | | 23b. ADDRESS 3720 Washington St. St. Louis Mo | | 23c. DATE SIGNED 5/21/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 23, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery St. Louis, Mo. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | DATE REC'D BY LOCAL REG. MAY 22 1953 | | | |
| REGISTRAR'S SIGNATURE Carl Smith | | FEDERAL DIRECTOR'S SIGNATURE J. Donnelly | | ADDRESS 3840 Lindell Blvd. | |

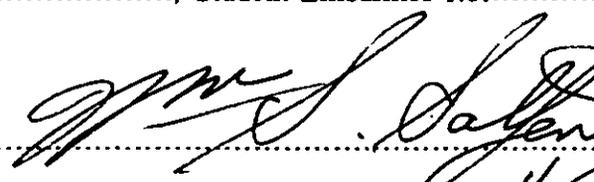
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.....
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P. O. Address.....
W. P. ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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