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FILED OCT 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37657  
State File No. 10014

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10014**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6015 Virginia</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b> b. (Middle) <b>Thornton</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>10-18-53</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Unk. About</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>non</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>non</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	12. CITIZEN OF WHAT COUNTRY? <b>9</b>
13a. FATHER'S NAME <b>UNKN <del>Richard</del> Thornton</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Bagg</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Thornton 6015 Virginia</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		<b>UNK</b>
	DUE TO (c) <b>ARTERIOSCLEROSIS GENERALIZED</b>		<b>UNK</b>
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 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)
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? <b>4200</b>

22. I hereby certify that I attended the deceased from **10/12/1953**, to **10/16/1953**, that I last saw the deceased alive on **10/15/1953**, and that death occurred at **8a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry D. Twoja M.D.</b>	23b. ADDRESS <b>818 Olive St.</b>	23c. DATE SIGNED <b>20 Oct 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-21-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 20 1953</b>	REGISTRAR'S SIGNATURE <b>Charles Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 5322 S. Grand Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robert Warner  
Paul Brown Bldg.,  
11 to 3 P.m.

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed David John Gosman

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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

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