

FILED FEB 26 1957

## STANDARD CERTIFICATE OF DEATH

6694

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1389**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Marine</b>		8120 <sup>8</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>32 Box 181</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Tracy</b> Middle <b>K.</b> Last <b>Thorpe</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>11,</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 4, 1957</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>1</b> Days <b>7</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Highland, Illinois,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Roblee Thorpe</b>				14. MOTHER'S MAIDEN NAME <b>Mildred Ringering</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Roblee Thorpe, Marine, Illinois,</b>			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b> <b>Broncho-pneumonia</b> <b>Hydronephrosis, Bilat.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hydronephrosis, Bilat.</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Gastro enteritis</b> <b>Gastro enteritis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>Congenital Congen.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>1-29-57</b>		20f. CITY, TOWN, OR LOCATION <b>2-11-57</b>		COUNTY <b></b> STATE <b></b>		
21. I attended the deceased from <b>Jan. 29, 1957</b> to <b>Feb. 11, 1957</b> and last saw <b>him</b> alive on <b>Feb. 11, 1957</b> . Death occurred at <b>44 A. H. A. N.</b> on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE <b>T. S. Zahorsky</b> (Degree or title) <b>M. D.</b>				22b. ADDRESS <b>16 Hampton Village Plaza</b> <b>16 Hampton Village Plaza</b>		22c. DATE SIGNED <b>2/11/57</b>		
23a. BURIAL, CREMATION (Specify) <b>Removal</b>		23b. DATE <b>2-11-57</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Edwardsville, Illinois,</b>			
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington,</b>			25. DATE RECD. BY LOCAL REG. <b>FEB 11 1957</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>m j s</b>			

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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, ~~as by~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....,  
Signature of Student Embalmer

Signed *Etienne P. Remelin*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.