

XC-1841774
SL-12977THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-020220
STATE FILE NUMBER

FILED JUN 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5517

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS		b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ALTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET ADM HOSPITAL ()		Length of stay in lb 23 DAYS		d. STREET ADDRESS 32 209 DOOLEY	
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER THORNBERRY			4. DATE OF DEATH Month Day Year 5-23-58		
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-18-89	9. AGE (In years birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DEKOVEN KENTUCKY 1	
13a. FATHER'S NAME WILL THORNBERRY		13b. MOTHER'S MAIDEN NAME JOSIE MARTIN		14. NAME OF HUSBAND OR WIFE MYRTLE THORNBERRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unless unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSP RECORDS. 915 N GRAND ST LOUIS MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LUNG INFARCTION MULTIPLE				INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MONOCYTIC LEUKEMIA				1 1/2 YEARS	
DUE TO (c) 204.2					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHO PNEUMONIA 1 WEEK				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 5-1-58 to 5-23-58 and last saw him ^{her} live on 5-23-58 Death occurred at 6:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward C. Lynch M. D. 0 (Degree or title)			22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED 5-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/27/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Bks. MO
24. FUNERAL DIRECTOR. Edward Fendler 5611 South Grand Blvd. ADDRESS			25. DATE RECD. BY LOCAL REG. MAY 26 58	26. REGISTRAR'S SIGNATURE J. Paul Smith MO <i>mjs</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated.

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
Signature of Student Embalmer

Signed *Harley P. Keller Jr*

Licensed Embalmer No. *4950*

P. O. Address *St. Louis*

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.