

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-020374

STATE FILE NUMBER

FILED JUN 13 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1494

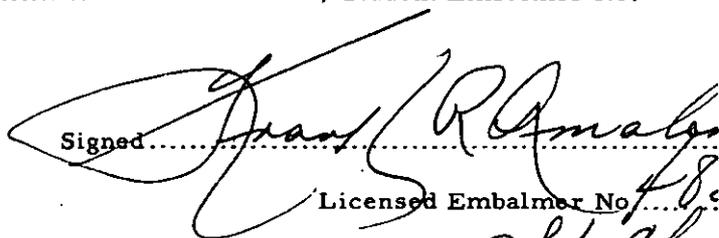
1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 1	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		d. STREET ADDRESS 5838-a Mardel	
3. NAME OF DECEASED (Type or print) First Emil Middle H. Last Thro		4. DATE OF DEATH Month June Day 2 Year 1958	
5. SEX Male	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 April 13, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired (Banking)		10b. KIND OF BUSINESS OR INDUSTRY bank teller	11. BIRTHPLACE (City and state or country) Saint Charles, Mo.
13. FATHER'S NAME Eugene Thro		14. MOTHER'S MAIDEN NAME Caroline Dallmeyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 1		17. INFORMANT Address Mrs. Mary May.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4-25-50	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio - Renal Vascular Disease		4-25-50	
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour None Month, Day, Year None			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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. I attended the deceased from April 25 1950 to 4-24-58 and last saw ^{him} alive on 4-24-58 . Death occurred at A-200 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry D. Meyer M.D.		22b. ADDRESS 508 N. Grand	22c. DATE SIGNED 6/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	June 4, 1958	St. Francis Borgia Cemetery	Washington, Mo.
24. FUNERAL DIRECTOR Colonel Montague H. Lewis, M.D.		25. DATE RECD. BY LOCAL REG. 6-3-58	26. REGISTRAR'S SIGNATURE Dekester R. Dombek M.D.

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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 480
P. O. Address St. Charles

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.