MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

XC-20 039 485 SL 13569 -61-006966

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 1204 STATE FILE NUMBER

FILED VS FEB 20 1961

AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis, Mo. Length of stay in 1b 5 days

c. CITY OR TOWN ST. LOUIS Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5944 Thekla Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FRANK Middle L. Last THORNTON

4. DATE OF DEATH Month FEBRUARY Day 5 Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/1/94

9. AGE (last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10b. KIND OF BUSINESS OR INDUSTRY Railway Express

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME CHARLES THORNTON

13b. MOTHER'S MAIDEN NAME MAY GOTOVIA

14. NAME OF HUSBAND OR WIFE HELEN THORNTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1

17. INFORMANT Helen Thornton (Wife), Address St. Louis, Mo. 5944 Thekla,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MULTIPLE RECURRENT CEREBRAL THROMBOSES — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) GENERALIZED CEREBRAL ARTERIOSCLEROSIS — UNKNOWN

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE; PYELONEPHRITIS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 1/31/61, to 2/5/61 and last saw him alive on 2/5/61

Death occurred at 2:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) JOHN R. HOGAN [signature] M.D.

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 2/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Feb. 8, 1961

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG. FEB 6 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

MEDICAL CERTIFICATION

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3737

P. O. Address St. Paul, Ma

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.