SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2807 -61-035492 STATE FILE NUMBER

FILED OCT 16 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood, Length of stay in 1b MINS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Josephs Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ST LOUIS
c. CITY OR TOWN Webster Groves, Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 109 N.Elm Ave. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First NORBERT Middle C. Last THROM
4. DATE OF DEATH Month Oct. Day 3rd. Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-25-1907
9. AGE (last birthday) 54
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) Painter
10b. KIND OF BUSINESS OR INDUSTRY Miller Painting Co.
11. BIRTHPLACE (City and state or country) St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Throm
13b. MOTHER'S MAIDEN NAME Elizabeth Oberly
14. NAME OF HUSBAND OR WIFE Margaret C.Throm.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Margaret C.Throm-109 N.Elm Ave. W.G.

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Posterior subendocardial Infarct — 8 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypercholesteremia & Coronary Ischemia
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. I attended the deceased from 2-4-61, to 10-3-61 and last saw him alive on 7-22-61
Death occurred at 9:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) E L McCall M.D.
22b. ADDRESS 9012 Manchester Brentwood 17, Mo.
22c. DATE SIGNED 10-5-61

SHOULD READ

DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-6-1961
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
23d. LOCATION (City, town, or county) St.Louis County. (State) Mo.
24. FUNERAL DIRECTOR Kriegshauser- ADDRESS 4228 S.Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG. 10-5-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.

BY AFFIDAVIT OF

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 R. W. Storsand

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

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.