No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#91002

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34765

Registrar's No. 9154

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: D (Specify whether

In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: University City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 6530 Bartmer Ave. 5
(If rural, give location)

Memorial NK

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country:

3. (a) PRINT FULL NAME: Mary Thurman

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Joseph W. Thurman

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: April (Month) 12 (Day) 1855 (Year)

8. AGE: Years: 93 Months: 6 Days: 10 If less than one day: hr. min.

9. Birthplace: Ste. Genevieve Co. (City, town, or county) Missouri (State or foreign country) D

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: James Edwards

13. Birthplace: (City, town, or county) Kentucky (State or foreign country) 1

14. Maiden name: Lucinda Rickard

15. Birthplace: (City, town, or county) Virginia (State or foreign country) 1

16. (a) Informant: Lon Thurman

(b) Address: 4043 Shreve Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Flat River, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) OCT 22 1948 (Date received local registrar) (b) J. B. Lacaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 22nd year: 1948 hour: 8 minute: 25 A M.

21. I hereby certify that I attended the deceased from 10/19/48 to Oct. 22nd, 1948 that I last saw her alive on Oct. 22nd, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	
Due to: Generalized arteriosclerosis	1
Due to:	
Other conditions (Include pregnancy within 3 months of death): Severe decubitus ulcers.	1

Major findings:
Of operations:

Of autopsy: Not permitted

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) O

While at work? (e) Means of injury:

23. Signature: E. W. Zebrowski (M.D. or other)

Address: 1515 Lafayette Date signed: 10/22/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, M

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 this body is not embalmed, fact should be so stated above.