

FILED MAR 5 1943

Registration District No. _____

Primary Registration District No. 109

Registrar's No. 303

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
5
3

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood

(c) Name of hospital or institution: 2819 Oakland

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

(d) Length of stay: In hospital or institution nil

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood

(If outside city or town limits, write "RURAL")

(d) Street No. 2819 Oakland

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Albert Absolum Thornton

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minnie T. Thornton

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

7. Birth date of deceased Aug. 22, 1870

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	5	14	hr. _____ min.

9. Birthplace Kingston, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Leola A. O'Leary

(b) Address 2819 Oakland

17. (a) Burial (b) Date thereof 2-9-1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) E. H. McGeary, M.D. (b) _____

(Physician's local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6

year 1943 hour 5 minutes 15 P. M.

21. I hereby certify that I attended the deceased from March, 1939, to Feb 6, 1943;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 5 yrs.

Due to Arterial Hypertension

Duration 8 yrs.

Due to _____

Other conditions Ischemic renal disease

(Include pregnancy within 3 months of death) Duration 1 week

Major findings: Of operations _____

Of autopsy 938

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature T. P. Vaher, M.D. (M.D. or other) M.D.

Address 2816 Sulton Ave Date signed _____

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

40P
363

107

Maplewood, Mo

MAR 5 1943

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..... *J. A. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.