MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0013461 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No: 3004

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAR 31 1966

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP.#1
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Normandy
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7018 Glenmore
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First ROSE Middle Last THORNBURY

4. DATE OF DEATH: Month MARCH Day 20 Year 1966

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 7-23-87

9. AGE (last birthday): 78

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): Florist (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Floral

11. BIRTHPLACE (City and state or country): Evansville, Ind.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Nicholas Weicht

13b. MOTHER'S MAIDEN NAME: Anna Manka

14. NAME OF HUSBAND OR WIFE: Benjamin Thornbury

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

16. SOCIAL SECURITY NO.: 563-52-0765

17. INFORMANT Address: Genie Thornbury, 7018 Glenmore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary emboli, suspected	several days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive heart failure	1-2 weeks
DUE TO (c)	Arteriosclerosis	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension 4.4.31X

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 3-18-66 to 3-20-66 and last saw her him alive on 3-20-66
Death occurred at 5:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dean Watkins MD

22b. ADDRESS: 1515 LAFAYETTE

22c. DATE SIGNED: 3-21-66

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 3-24-66

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS: Drehmann-Harral, 7733 Nat'l. Bridge

25. DATE RECD. BY LOCAL REG.: MAR 2 2 1966

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

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	4031		
3			
4	1		
5	2		
6			
7	1		
8	2		
9			
10			
11			
12	75-6		
13			
	75		

BY AFFIDAVIT OF DOCUMENT

WOCHNER
USE BLACK INK OR TYPEWRITER RIBBON