

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32588

State File No.

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 548

Registrar's No. 2178

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY St. Louis	
d. CITY (If outside corporate limits, write RURAL and give township) TOWN Webster Groves		c. LENGTH OF STAY (In this place) 60 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 655 Hurstgreen Rd.		e. STREET ADDRESS (If rural, give location) 655 Hurstgreen Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) QUAIFE c. (Last) THORNTON		4. DATE OF DEATH (Month) (Day) (Year) 9-15-1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-10-1853
9. AGE (In years last birthday) 100	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		11. BIRTHPLACE (City and State or Foreign Country) San Francisco Cal.
10b. KIND OF BUSINESS OR INDUSTRY Trust Co.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry W Thornton		13b. MOTHER'S MAIDEN NAME Sarah Quaife	
14. NAME OF HUSBAND OR WIFE Alice Thornton		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. None		17. INFORMANT'S SIGNATURE OR NAME S.F. Thornton	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Senility ANTECEDENT CAUSES Myocardia Degeneracy Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from April 20, 1945 to Sept 13, 1954 , that I last saw the deceased alive on Sept 13, 1954 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Arthur W Westrup M.D.		23b. ADDRESS 204 E. Big Bend Webster Groves Mo	
23c. DATE SIGNED 9/15/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24b. DATE 9-15-1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Heberl S. Lamb, Webster Groves	
DATE REC'D BY LOCAL REG. 9/15/54		ADDRESS F. Home Webster Groves	

(Licensed Embalmer's Statement on Reverse Side)

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

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 no embalming, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch.....

Licensed Embalmer No. 439.....

P. O. Address Wabaton La.....

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.

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32588

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 548 Registrar's No. 2178

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Webster Groves
c. LENGTH OF STAY (in this place) 60 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 655 Hurstgreen Rd.

2. USUAL RESIDENCE (Where deceased lived, if institutional residence before admission)
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves
d. STREET ADDRESS (If rural, give location) 655 Hurstgreen Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) QUAIFE c. (Last) THORNTON

4. DATE OF DEATH (Month) (Day) (Year)
9-15-1954

5. SEX M
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH 12-10-1853

9. AGE (In years, last birthday) 100
10. MONTHS 0 11. DAYS 0 12. HOURS 0 13. MIN. 0

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

10b. KIND OF BUSINESS OR INDUSTRY
Trust Co.

11. BIRTHPLACE (City and State or Foreign Country)
San Francisco Cal.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME James Shepard Thornton

13b. MOTHER'S MAIDEN NAME Fannie Sarah Quaife

14. NAME OF HUSBAND OR WIFE Alice Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, see part of date of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
S. F. Thornton 655 Hurstgreen Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility
ANTECEDENT CAUSES Myocardia Degenercy
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

INTERVAL BETWEEN ONSET AND DEATH
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (In blue or black ink)
Arthur W Westrup M.D.

23b. ADDRESS
New York, N.Y.

23c. DATE SIGNED
9/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24b. DATE
9-15-1954

24c. NAME OF CEMETERY OR CREMATORY
Valhalla Crematory

24d. LOCATION (City, town, or county) (State)
St. Louis Mo.

REGISTRAR'S SIGNATURE Harvey S. Lamb FURNERAL DIRECTOR'S SIGNATURE Arthur W. Westrup ADDRESS Webster Groves

Items 13a & 13b amended by affidavit of son 10-8-87.
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD