MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3325

1. PLACE OF DEATH

County..... Registration District No. 791

Township St. Louis Primary Registration District No. 1003

City St. Louis (No. 4075, Shreve St. Ward)

File No. 1549

Registered No. 1549

2. FULL NAME Herman C Thoele

(a) Residence. No. 4075 Shreve St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Emma Thoele

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	4	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Herman C Thoele Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Fehl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Emma Thoele
(Address) 4075 Shreve Av

15. FILED JAN 27 1927 Max C Starkeloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1927

17.
I HEREBY CERTIFY, That I attended deceased from 9/3, 1926, to 1/25 1927 that I last saw him alive on 1/25, 1927, and that death occurred, on the date stated above, at 10 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia.
7 1/2
5800

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A H Conrad M. D

1/27, 1927. (Address) 417 Wall Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Grove Cemetery	Jan 29 1927
20. UNDERTAKER	**ADDRESS**
Drehmann Haral	1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wed today 12 to 1:30