WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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

Do not use this space.

9852

File No. 2416

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St Anthony Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mildred B. Thormegen

(a) Residence. No. 7523 Dale Av St., 16 Ward. St Louis Co Mo
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elmer Thormegen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 20 1893

7. AGE: Years 33 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Anton Rotty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

12. MAIDEN NAME OF MOTHER: Nora O'Rourke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

14. INFORMANT: Elmer Thormegen
(Address) 7523 Dale Av

15. FILED ..... 19 ..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 9th 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1927, to Mar 9, 1927 that I last saw her alive on Mar 8, 1927, and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
138
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Bilateral Salpingitis
Type unknown (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/8/27
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? open

(Signed) M J Pullman, M.D.
3/10, 1927 (Address) 2838 California

*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: Parklawn Cemetery

DATE OF BURIAL: 3/11 1927

20. UNDERTAKER: Meek & Dickman

ADDRESS: 3039 Easton