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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28547

Township ..... Primary Registration District No. 1003 Registered No. 8078

City St. Louis Mo. (No. 5300 Arsenal Sanitarium St. ..... Ward)

2. FULL NAME Walter Thoele

(a) Residence. No. 4114 Walbridge St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Bertha Thoele

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	11	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal & Ice Dealer
(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) Missouri

PARENTS

10. NAME OF FATHER Wm Thoele ~~Unknown~~
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Caroline Nagel ~~Unknown~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT V. E. Sherrill
(Address) City Sou

15. FILED SEP 12 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-10- 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 5- 1927, to 9-10- 1927 that I last saw him alive on 9-10- 1927, and that death occurred, on the date stated above, at 10:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
83 Dementia
34 Paralytica
(Syphilis)
..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 76 (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) V. E. Sherrill, M. D.
9-15, 1927 (Address) City Sou

*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: Memorial Park
DATE OF BURIAL: Sept. 13, 1927

20. UNDERTAKER: Drehmann Harral
ADDRESS: 1905 Union