

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

Do not use this space.

7264

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 003  
 City St. Louis, Mo. (No. 3852 Virginia Avenue St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 2245

**2. FULL NAME Theodore Thome**

(a) Residence. No. 3852 Virginia Avenue St. 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Lulu K. Thome

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	58	11	10	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer) Grocery  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Louisville,  
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Jacob Thome

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

12. MAIDEN NAME OF MOTHER Agnes Lyham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville,  
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Lulu K. Thome  
 (Address) 3852 Virginia Avenue

15. FILED 20 19 20 Max C. Startzoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) February 28, 19 28  
 17.

I HEREBY CERTIFY, That I attended deceased from Jan. 14<sup>th</sup>, 1927, to Feb. 28<sup>th</sup>, 1928  
 that I last saw him alive on Feb. 27<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 3:25 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Male Carcinoma of Liver  
 (duration) yrs. 3 mos. da.  
 CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. 3 mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan. 11<sup>th</sup> 1928  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? General Examination & Operation  
 (Signed) Dr. H. Glynn, M. D.  
7/28, 1928 (Address) Missouri Blvd

\*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 Zion DATE OF BURIAL Mar. 1 19 28

20. UNDERTAKER Wacker-Heldrich ADDRESS 2531 S. Bradley

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.

