

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

Do not use this space.

3768

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. 4000 So Grand Blvd.)
 Registered No. 372 St. Ward)

2. FULL NAME

Rudolph Thoman
 (a) Residence. No. 4000 So. Grand Blvd. 15 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 6th 1840</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>88</u>	<u>2</u>	<u>-</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Ret. Brick Maker</u> (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) Germany

10. NAME OF FATHER

Herman Thoman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Urkubon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) " "

14.

INFORMANT B.S. Opperman
 (Address) 4000 So Grand Blvd.

15.

FILED 1000 Mar 2 1929
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Jan 6 1929
 that I last saw him alive on Jan 6 1929, and that death occurred, on the date stated above, at 9:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C
 (duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, Home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Alvin E. Tamm, M. D.
 1929 (Address) 3014 1/2 Jefferson

*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

Neo. St. Marcus Cem DATE OF BURIAL Jan 9th 1929

20. UNDERTAKER

Wm. Schumacher ADDRESS 3013 Meramec

WRITE PAINLY, 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.

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