

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

Do not use this space.

28529

46

**1. PLACE OF DEATH**

County  Perry

Registration District No.  660

Township

Primary Registration District No.  4596

City  Perryville

(No.  )

File No.  46

Registered No.

St.   Ward

**2. FULL NAME**

Charles F. Thumka

(a) Residence. No.   St.   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)

widowed

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

widowed

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

Oct 9<sup>th</sup> 1864

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

64

10

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

none

(c) Name of employer

none

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

William F. Thumka

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Luise Nalstatter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Mrs Wm F Thumpp

Perryville Mo

15.

FILED

8-17-29 Geo J Meeker

Meeker  REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17.

I HEREBY CERTIFY, That I attended deceased from  June 2<sup>nd</sup> 1929 , to  Aug 16<sup>th</sup> 1929 , that I last saw him alive on  Aug 16<sup>th</sup> 1929 , and that death occurred, on the date stated above, at  7:25 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Ehdocarditis

92 hr   
 100  (duration)  1  yrs.   mos.   da.

CONTRIBUTORY (SECONDARY)

Influenza

(duration)  1  yrs.  6  mos.   da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH  Place of Death

19. DID AN OPERATION PRECEDE DEATH?  no  DATE OF

20. WAS THERE AN AUTOPSY?  no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical

(Signed)  Dr. Harry J. Thumpp , M. D.

.19 (Address)  Perryville Mo

\*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

Home Cemetery

Aug 18 1929

20. UNDERTAKER

ADDRESS

Zoellner Young Perryville Mo

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.

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26  
4  
6  
1929

PARENTS

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