

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

Do not use this space.

38326

**1. PLACE OF DEATH**

County St. Louis  
 Township MONDAK  
 City Affton (No. Affton)

Registration District No. 1123  
 Primary Registration District No. 62486

File No. \_\_\_\_\_  
 Registered No. 396 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Affton Mo. 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. 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 (or) the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19-1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>90</u>	<u>9</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
 (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) Mo.

10. NAME OF FATHER John Theiss

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Jacob C. Brohan  
 (Address) Affton Mo.

15. FILED Nov 29 1929 L. C. Obrock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1929, to Nov 4 1929 that I last saw her alive on Nov 4 1929, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
Cerebral hemorrhage  
87 A. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓ (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? Clinical  
 (Signed) Harren Heyenga, M. D.

Nov. 7, 1929 (Address) So. Kings Highway

\*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 New St Pauls Churchyard DATE OF BURIAL Nov 9 1929

20. UNDERTAKER Wacker, Belderle ADDRESS 2331 - S. Blvd

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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