

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

Do not use this space.

0 28005

1. PLACE OF DEATH

County..... Registration District No. 792
 Township..... Primary Registration District No. 107
 City St. Louis (No. 3847, Fairview Ave) St. 16 Ward)

2. FULL NAME Elizabeth Thomsen

(a) Residence, No. 3847 Fairview St., 16 Ward. (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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 2 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo!

FATHER
 13. NAME Christian Hoch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Catherine Stuhmann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hugo A. Thomsen
 (ADDRESS) 3847 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Parl. Pl. DATE 8-31 '1932

19. UNDERTAKER Wiegmann Mortuaries
 (ADDRESS) 4328 do. 16th St. St. Louis

20. FILED AUG 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20th 1922, to August 28th 1932
 I last saw h.s. alive on Aug. 28th 1932. Death is said to have occurred on the date stated above, at 2³⁵ P m.

The principal cause of death and related causes of importance were as follows:

Exophthalmic Goiter Date of onset 20 yrs
66B 6/13
 Other contributory causes of importance: (D)

23. Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) E. M. Schuricht, M. D.
 (Address) 3327 So. 12th St.

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.

Registrar.

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