

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

Do not use this space.

14743

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **3361- 27th St**)

File No.....  
 Registered No. **3252**  
 St..... Ward)

**2. FULL NAME**

(a) Residence, No. **3361- 27th St**, **24** 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Unknown</b>		
7. AGE	YEARS	MONTHS
<b>about 75 years</b>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo</b>		
MOTHER	13. NAME <b>Anton Thebus</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Johannes Thebus</b> <b>3361- 27th St</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Matthews</b> DATE <b>April 10, 1933</b>		
19. UNDERTAKER (ADDRESS) <b>Wagner - Helderle</b> <b>2331 3rd St</b>		
20. FILED <b>APR - 8 1933</b> <b>St. Louis</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

**3**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 7, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 22, 1933** to **April 7, 1933**  
 I last saw him alive on **April 16, 1933** Death is said to have occurred on the date stated above, at **9:05** m.  
 The principal cause of death and related causes of importance were as follows:

<b>Chronic Myocarditis</b>	Date of onset <b>May 22, 1933</b>
<b>Chronic Myelitis (General Anasarca)</b>	<b>Eye</b>

Other contributory causes of importance:  
**Chronic Myelitis (General Anasarca)**

Name of operation..... Date of.....  
 What test confirmed diagnosis **Bl. Exam** 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) **J. P. Quinn**, M. D.  
 (Address) **12730 McNAIR AVE**

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.

