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.

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

Do not use this space.

14904

File No. .....

Registered No. 3427

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. [illegible]

City St. Louis Mo. (No. 1916, Wyoming St. ..... St. ..... Ward)

2. FULL NAME Louisa M. Theurer

(a) Residence, No. 1916 Wyoming St. St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1859.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Mrs John T. Hofler N. Springs Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 15, 1933

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 1223 Cherokee St.

20. FILED APR 14 1933, 19 Max C Starkley Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to Apr 13, 1933

I last saw her alive on 4/13, 1933. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

	Date of onset
A. Mitral Insufficiency	
C. Myocarditis etc.	

Other contributory causes of importance: 72 a

Arterio - Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) E. C. Kew, M. D.

(Address) 1807 A 18