

JUL 27 1936

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

Do not use this space.

24088

1. PLACE OF DEATH

County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Baden Station Villa Gesu Convent St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 126

2. FULL NAME Sister Mary Dionysia Thobe

(a) Residence, No. Villa Gesu Convent St. \_\_\_\_\_ Ward. St. Louis Co., Mo.  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>*****</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6, 1862</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teacher</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
13. NAME <u>Henry Thobe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Anna Mar. Harbens</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Sister Superior Honorata</u> (ADDRESS) <u>Villa Gesu, St. Louis Co., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Villa Gesu</u> DATE <u>June 29, 1936</u>		
19. UNDERTAKER <u>C. Hoffmeister U. &amp; L. Co.</u> (ADDRESS) <u>7814 B. B. Way St. Louis, Mo.</u>		
20. FILED <u>June 28, 1936</u> <u>W. A. Zittler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1936

22. I HEREBY CERTIFY That I attended deceased from April 19, 1936 to June 24, 1936  
I last saw her alive on 6-24-36, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6 P. M.  
The principal cause of death and related causes of importance were as follows:  
Hepatic Cirrhosis (Date of onset 2)  
Chronic Myocarditis 3

Other contributory causes of importance:  
none

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? ECM 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) Albert A. Denk, M. D.  
(Address) 5388 N. Union

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.

Paul Smith

Dr Deak

5388 a N Union.

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