AUG 18 1936

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

Do not use this space.

28501

791

File No. 7266

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. 1720 O'Fallon St. St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Catherine Irene Thias

(a) Residence, No. 1720 O'Fallon St. St., 25 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	10	7	

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. At Home

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) Anna Illinois.

FATHER

13. NAME Charles Pfifferling.

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

MOTHER

15. MAIDEN NAME Mary Bough.

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

17. INFORMANT (ADDRESS) Catherine Thias. 1720a O'Fallon St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Tem. DATE July 17 1936

19. UNDERTAKER (ADDRESS) Central Fund Co 1841 Cass

20. FILED JUL 15 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1930, to July, 1936

I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 4 P.M.

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

Chronic Myocarditis

Other contributory causes of importance:

Heat Exhaustion

Stroke

Date of onset

Name of operation Date of

What test confirmed diagnosis Clinical 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) Robert S Sanders, M. D.

(Address) 1452 N 15

Dr.Saunders.

1452a North 15th.St.