

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**

(No. en route, City Hosp.)

File No. **32921**Registered No. **8806**

St. Ward)

2. FULL NAME

William J. Thaman.(a) Residence, No. **1036 Emmett** St., **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **58** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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**Frances Thaman**

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

12/27/78

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.**58 57****7****27**

OCCUPATION

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

Fur grader

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)

St. Louis, Mo.

(STATE OR COUNTRY)

FATHER

13. NAME

Louis Thaman

14. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Helen Scharding

16. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

**Frances Thaman
1036 Emmett, St.**

18. BURIAL, CREMATION, OR REMOVAL

S. S. Peter & Paul DATE **8/26/36** 19..

19. UNDERTAKER

(ADDRESS)

**W. C. Maydell
1926 Allen Ave.**

20. FILED

AUG 25 1936**J. Bredeck
Registrar.**

MEDICAL CERTIFICATE OF DEATH

No physician in attendance21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/24/36** 19..

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **7:10 A.**

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

Heat Stroke

Date of onset

Other contributory causes of importance:

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?

If so, specify.....

(Signed) **Paraskevas**, M. D.(Address) **St. Louis**

