SEP 15 1936

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

Do not use this space.

33132

File No. 9034

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4980 Tholozan Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Emma Theis

(a) Residence, No. 4980 Tholosan Ave. St., 14 Ward.
(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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22nd 1869

7. AGE: Years 67 | Months 3 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Franklin County Mo

FATHER

13. NAME: William Tubbesing

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

MOTHER

15. MAIDEN NAME: Anna Brader

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

17. INFORMANT (ADDRESS): Mamie Kraemer, 4980 Tholozan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dittmer Mo. DATE Aug. 31st. 1936

19. UNDERTAKER (ADDRESS): William Schumacher, 3013 Meramec Street

20. FILED AUG 31 1936 J. B. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 28th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14th 1934, to August 28 1936

I last saw h. alive on August 28 1936. Death is said to have occurred on the date stated above, at 3/20pm

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

	Date of onset
Chronic Myocarditis	Feb 17, 1934
Obesity	35 yrs. or more
Hyperostosis frontalis interna of cranium	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? physical 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) Louis Becker, M. D.

(Address) 3720 Washington

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.

8720 [illegible]
Beaumont Bldg,
[illegible] at Office