JUL 31 1937

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

Do not use this space.

24885

1. PLACE OF DEATH
County St. Louis — Registration District No. 790-D — File No.
Township Clayton — Primary Registration District No. 603391 — Registered No. 214
City Clayton (No. ST. LOUIS CO. HOSP. St. Ward)

2. FULL NAME Marianna Thomassen
(a) Residence, No. Bonhome Road St., 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5-1896

7. AGE: 235 — YEARS: 40 — MONTHS: 6 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

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.: Household
10. Date deceased last worked at this occupation (month and year): 6/18
11. Total time (years) spent in this occupation: 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden, Mo.

FATHER
13. NAME: Carl Mueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Mueller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Emile Thomassen, Clayton RT2 Box 898

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Central Cemetery DATE: 6-22-37

19. UNDERTAKER (ADDRESS): Baumann Bros. Inc. 2504 Woodson Rd. Overland, Mo.

20. FILED 6/21 1937 Dra J Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1937

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 3.20PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal hemorrhage	6/19 1937

Other contributory causes of importance:

Pulmonary embolus	6/19
Exsanguination	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? yes

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) John O'Connell, M. D.
(Address) Coroner St. Louis County

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.