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.

OCT 14 1937

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

32163
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003 Registered No. 8217
(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 66 yrs. 5 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 7526

2. PRINT FULL NAME William T heurer
(a) Residence, No. 1 1756 Waverly St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: mal e
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: May
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14, 1871
7. AGE: Years 66 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stonemason
9. Industry or business in which work was done, as saw mill, bank, etc.: Unemployed
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): St. Louis, Missouri

FATHER
13. NAME: Wm. Theurer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Margaret Liebel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Enroute from Germany

17. INFORMANT: Hosp. Info M. Kent
(ADDRESS) City Hospital #I

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parklawn Cem. DATE Sept. 3 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED SEP 1 1937 19 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/26/37, 19, to 8/31/37, 19
I last saw him alive on 8/31/37, 19 Death is said to have occurred on the date stated above, at 2.12 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Richard P. Watt, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister

L. E.

No. 387I or by, Registered Apprentice No.

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)