

NOV 15 1937

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

36435
Do not use this space.

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1. PLACE OF DEATH
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 C. 10424
 2. PRINT FULL NAME..... Robert Thierauf
 (a) Residence, No. 2721 St. Vincent St. 23 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 10
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER SHOE CO.
 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 George Thierauf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Mary Meyerx
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Hosp. Info M. Kent (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE OCT. 29 19 37
 19. FUNERAL DIRECTOR PEETZ BROS. (ADDRESS) 3029 LAFAYETTE AVE.
 20. FILED 27 1937 19 1937 J. Briedeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26/37 19
 22. I HEREBY CERTIFY, That I attended deceased from 10/16/37, 1937, to 10/26/37, 1937.
 I last saw him live on 10/26/37, 1937. Death is said to have occurred on the date stated above, at 7.45 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate
 Date of onset
 Other contributory causes of importance:
Fractures to Bones
Skeleton of Prostate
Fracture of
 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 Richard P. Butts M. D. (Signed)
 (Address) City Hospital No. 1

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.

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STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

herely certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Francis A. Williamson
Licensed Embalmer No. 3565

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