REC'D AUG 12 1938

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

23707
Do not use this space.

1. PLACE OF DEATH St. Louis Maternity Hospital 791
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 6401
(c) City St. Louis, Missouri (d) Street No. St. Louis Maternity Hospital 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.

2. PRINT FULL NAME Thumser, Infant 596
(a) Residence, No. 3817 Wilmington Avenue St. [1]
(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: 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) 7-14-38

7. AGE: YEARS 0 MONTHS 0 DAYS 1 If LESS than 1 day, 23 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
13. NAME Thumser, Walter Tietze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER
15. MAIDEN NAME Schmitt, Dorothy Louise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis, Ill

17. INFORMANT (ADDRESS) Walter Thumser 3817 Wilmington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S.Peter-Paul DATE July, 16- 1938

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED JUL 18 1938, 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 15, 1938

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from 7/14, 1938, to 7/15, 1938
I last saw him alive on 7/15, 1938. Death is said to have occurred on the date stated above, at 705 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
1606	

Other contributory causes of importance:
Prematurity 6 weeks

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

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) Quitman U Newell, M. D.
(Address) 105 Lister Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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, Frank R. J. Hyland, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalming

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 2645

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