T 25 1938 DEC'D NOV 4 1938

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

36757

Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 1733
(c) City ~~St. Louis~~ Clayton — (d) Street No. St. Louis County Hospt. 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 400 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Thole
(a) Residence, No. 106 Joy Ave. Webster Groves Mo. (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 Female
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) Jan. 30th, 1856
7. AGE 82 YEARS — MONTHS 8 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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 Mo.

FATHER
13. NAME Bernard C. Thole
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minister Germany

MOTHER
15. MAIDEN NAME Emelie Kretchmar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Edward W. Fritschle 106 Joy Ave. Webster Groves Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Oct. 26th, 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker Helderle UNdCo. 2331 S. Broadway.
20. FILED OCT 25 1938 19 A. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24th, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on 50, 19..... Death is said to have occurred on the date stated above, at 10:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental fall on floor	10/5/38

Other contributory causes of importance:

Fracture of the neck of the left femur.	10/5/38

Name of operation Hypostatic pneumonia Date of
What test confirmed diagnosis? Clinical Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 10/5/38
Where did injury occur? Kirkwood, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury St. Agnes Home
Nature of injury Fall on floor
Fractured L. Femur
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John [signature] M. D.
(Address) Coroner of St. Louis County, Mo.

(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.

STATEMENT BY LICENSED EMBALMER

I ~~hereby~~ certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert C. Wheeler, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.