

REC'D FEB 24 1939

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

2024
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 494
(b) Township Brookfield Primary Registration District No. 3025
(c) City Brookfield (d) Street No. 212 E. Wood Registered No. 4
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

350 THERESA M. THUDIUM
(a) Residence, No. 212 E. Wood St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Christian Thudium
1930 19... to Jan 2, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) 1936 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockport Illinois

FATHER 13. NAME George Dreifus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alace - France

MOTHER 15. MAIDEN NAME Helen Harty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs. Elizabeth Burnhard, Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cem., Brookfield - Jan 3, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rusk Funeral Home, Brookfield, Mo.

20. FILED Feb 1 - 39 Gray & Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19... to Jan 2, 1939
I last saw her alive on Jan 1, 1939. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis acute

Date of onset

Other contributory causes of importance:

Name of operation none Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

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 W. B. Simpson osteopath.

(Signed) W. B. Simpson

(Address) Brookfield Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-102

Date Filed FEB 8 1939

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, or by.....

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

Signed H. Be Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Ill

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.