

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

8609  
Do not use this space.

REC'D APR 12 1939

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **2374**  
 (c) City St. Louis ..... (d) Street No. St. Anthony's 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** Annie Thurber

(a) Residence, No. 6238 Arendes ..... St. L ..... (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 Female 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 Harry Thurber  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1863  
 7. AGE YEARS 75 MONTHS 10 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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 (Unknown) Wand  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Mo

MOTHER 15. MAIDEN NAME Annie (Unknown)  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Frank Coffman  
 (ADDRESS) 6238 Arendes

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE 3-13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Lumber Co  
6322 2 Grand

20. FILED J. F. Budzick  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939, to March 10 1939  
 I last saw her alive on March 10 1939. Death is said to have occurred on the date stated above, at 1142 P

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

Coronary thrombosis Date of onset 3/10/39  
arteriosclerosis 11/138

Other contributory causes of importance: arteriosclerosis

Name of operation Spec. Op. Date of no  
 What test confirmed diagnosis? Spec. Op. 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 .....

(Signed) Dr. W. Walters M. D.  
 (Address) 3608 3 St.

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, \_\_\_\_\_

*Frank Ludwig*

or by \_\_\_\_\_

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

Signed \_\_\_\_\_

*Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address *6322 S Grand*

**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.**