DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
RECD OCT 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30589

Registration District No. 791 | Primary Registration District No. | Registrar's No. 7652

1. PLACE OF DEATH: 1003
(a) County 2
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5337 Odell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5337 Odell Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Nick Thuer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Theresa Thuer
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec (Month) 16 (Day) 1856 (Year)

8. AGE: Years 82 | Months 8 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Laborer City 7
11. Industry or business Retired 20 Years 7
FATHER
12. Name Unknown Thuer 7
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Theresa Dumas
(b) Address 5337 Odell Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 5 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und Co
(b) Address 4228 So. Kinghighway Blvd
19. (a) SEP 4 1939 (Date received local registrar) (b) J. B. Bruderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1939 hour 10 AM minute ____ M.
21. I hereby certify that I attended the deceased from 8/1/39, 19__, to 9/2, 1939, that I last saw b__ alive on 9/1, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death: Cr. infarction of Myocardium — Person 3 yrs
Senile dementia — " "
Due to: Uremia — 1 wk.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. C. Mellow (M. D. or other)
Address 2608 S. Kinghighway Date signed 9/4/39

(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.

Dr Milliken
2608 So Kingsbridge Way
9-12

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 Reinhold K. Lohrmann

Licensed Embalmer No. 3395

P. O. Address.....

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.)

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