

JAN 8 1940

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

42835
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 2 Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 2905 Olive 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1313

2. PRINT FULL NAME Alfred Alvin Thomann

(a) Residence, No. 2905 Olive 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Gladys</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1878</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>8</u>
		DAYS <u>0</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Jewell Tea Co.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>20</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec-7- 1939 to Dec-20- 1939
I last saw him alive on Dec-19- 1939. Death is said to have occurred on the date stated above, at 6:40a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Arteriosclerosis
Date of onset Dec-20
Other contributory causes of importance:
None

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Helena Missouri</u>
	13. NAME <u>Frederick Thomann</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Switzerland</u>
	15. MAIDEN NAME <u>Mary Ann Brand</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>
17. INFORMANT <u>Mrs. Mary G. Thomann</u> (ADDRESS) <u>2905 Olive, St. Joseph</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grayson Cemetery</u> DATE <u>December 22, 1939</u> <u>Cameron, Missouri</u>	
19. FUNERAL DIRECTOR (NAME) <u>Stalter Meierkoffer</u> (ADDRESS) <u>1302 Faraon, St. Joseph, Missouri</u>	
20. FILED <u>Dec 22, 1939</u> <u>A. Neelbush</u> Local Registrar.	

Name of operation None Date of —
What test confirmed diagnosis Electrocardiogram Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19—
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify T. J. Howden, M. D.
(Signed) T. J. Howden
(Address) Kirkpatrick Bldg., St. Joseph

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.

2-3331

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. H. Kelly

Licensed Embalmer No. *Mo.* 3946

P. O. Address *St. Joseph, Missouri*

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.