

FILED MAR 7 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. 8089

Registrar's No. 436

Registration District No. 784

Primary Registration District No. 104

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town FERGUSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
514 TIFFIN AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 20 YEARS

3. (a) PRINT FULL NAME THERESA J. THIROLE 641

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ANTHONY THIROLE 6. (c) Age of husband or wife if alive years 8 years 1868

7. Birth date of deceased Mar (Month) 8 (Day) 1868 (Year)

8. AGE: Years 71 Months 11 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name HENRY WESTERHEIDE

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name MARY PROCKRIETEN

15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Eugene M. Thirall

(b) Address 514 Tiffin Ave Ferguson

17. (a) BURIAL (b) Date thereof 3-4-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. ANTHONY CALVA

18. (a) Signature of funeral director MULLER

(b) Address 2117 EUGENIA BLVD

19. (a) MAR 2 - 1940 (Date received local registrar) (b) R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town FERGUSON
(If outside city or town limits, write "RURAL")
(d) Street No. 514 TIFFIN AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st year 1940 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Mar 30 1940, to Mar 1st 1940, that I last saw her alive on 3/1 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 da
Due to arteriosclerosis

Due to stroke
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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature W. O. ... (M. D. or other) MD
Address Ferguson mo Date signed 3/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.