DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9055

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2538

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3330 Virginia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3330 Virginia Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MR. JOHN H. THALER

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Mild Thaler

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 27th, 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Grocery

FATHER
12. Name John H. Thaler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Henke
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Julia Thaler
(b) Address 3330 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) MAR 18 1940 (Date received local registrar) (b) J. F. Beiderwieden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from JAN'Y 5th, 1940, to MARCH 15, 1940
that I last saw him alive on MARCH 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PERICARDITIS (ACUTE)	3/10 - 3/15-40
Due to RHEUMATISM ACUTE	1/5 - 2/17-40
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 Fred W. Rollins (M. D. or other)
Address 2125 Sidney St. Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 1 X19511

Dr. F. N. Rolling
2125 Sidney
L. 3135

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 Max Warfel, Registered Apprentice No. 215, working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis Av

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.