DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9076

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 2559

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: 5509a Wells Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5509a Wells Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Johanna O. W. Thorell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gustave Thorell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 2 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
85	0	14	hr. min.

9. Birthplace (City, town, or county) Sweeden (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Eric Anderson
13. Birthplace (City, town, or county) Sweeden (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Sweeden (State or foreign country)
16. (a) Informant's own signature Carl Thorell
(b) Address 5509A Wells Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. MAR 18 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16 year 1940 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from Jan. 12, 1940, to March 16, 1940, that I last saw he alive on March 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis. — Duration
Due to Senility
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 M. A. Bollaert (M. D. or other)
Address 230 Metropolitan Bldg. Date signed 3/18/40

(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 x19811

11-1 + 4-6 p.m. C

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 R M Sanford

Licensed Embalmer No. 2273

P. O. Address St Louis

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.