DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23965

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6410

**1. PLACE OF DEATH:**

(a) County St. Louis,

(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: City Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution December 30, 1927 (Specify whether In this community 30yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis.

(c) City or town St. Louis, Mo. 13 (If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. (If rural, give location)

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

3. (a) PRINT FULL NAME August Theiler 460

3. (b) If veteran, name war Unknown

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased November (Month) 2, (Day) 1868 (Year)

8. AGE: Years 71 | Months 8 ~~5~~ | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace Switzerland (City, town, or county) Foreigner (State or foreign country)

10. Usual occupation Clerk-Bartender-Silk weaver

11. Industry or business x

FATHER
12. Name Henry Theiler
13. Birthplace Switzerland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Shoffberger
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony

(b) Address 5800 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Wm H Paschedag

(b) Address 2825 N. Grand Blvd.

19. (a) JUL 30 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 29, year 1940 hour 7:45 minute a. M.

21. I hereby certify that I attended the deceased from December 30, 1927 to July 29, 1940 that I last saw him alive on July 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia, Right old cerebral Hemorrhage about Feb. 1927

Due to Arteriosclerosis Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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 None

(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 [illegible] M.D. (M. D. or other)

Address City Infirmary Date signed

(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.

**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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.**