

No. 2
4-13-40
5-17-39
I X23155

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1803**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **4406 Oakland 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

3. (a) PRINT FULL NAME **Elizabeth Throm**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Henry Throm**

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

7. Birth date of deceased: **Jan. 1874**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	1	17	hr. min.

9. Birthplace **Morris Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Benedict Oberle**

13. Birthplace **Morris Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Johanna Doll**

15. Birthplace **Morris Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dudolph P. Throm**

(b) Address **410 Concordia Cal**

17. (a) **Burial** (b) Date thereof **2-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Cullinane Bros.**

18. (a) Signature of funeral director _____

(b) Address **1710 N. Grand Blyd.**

19. (a) **FEB 25 1941** (b) **J. W. Breddeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**

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

(d) Street No. **4406 Oakland Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **23**
year **1941** hour **2** minute **15 a.m.**

21. I hereby certify that I attended the deceased from **Jan 65th**
1941, to **Feb 23rd** **1941**
that I last saw her live on **Feb 22nd** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Rectum** **1 yr**

Due to _____

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None made**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**

(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)

Means of injury _____

23. Signature **Joseph Davis** (M. D. or other) _____
Address **Century Bldg** Date signed **2-25-41**

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..... *Fred Frick*

Licensed Embalmer No..... 3186

P. O. Address St. Louis, Mo.

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, fact should be so stated above.