

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9143
Registrar's No. 2553

Registration District No. 791

Primary Registration District No. 1003

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:
4335 Duke 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 Mary Theurer
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. Widow
6. (b) Name of husband or wife John B. Theurer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. June 28 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 23 hr. min.

9. Birthplace Iron Mountain 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Not known
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Westmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Minnie Theurer
(b) Address: 4335 Duke

17. (a) Burial (b) Date thereof Mar. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director John S. Ziegenheim & Sons

(b) Address 7027 Gravois Ave

19. (a) MAR 21 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4335 Duke Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1941 hour 3:05 minute A M.

21. I hereby certify that I attended the deceased from 5.15, 1937, to 3.21, 1941,
that I last saw h. h alive on 3.21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chorea myocardiaca 2 years
Due to arteriosclerosis
Due to hypertension
Other conditions Carcinoma rectum 6 mos.

PHYSICIAN
Major findings: —
Of operations: —
Of autopsy: —
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) (e) Means of injury.....
While at work?.....

23. Signature Eugene Vogel (M. D. or other) MD
Address 3325 S. Grand Date signed 3.21.41

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

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Gravois*

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.