

No. 2
4-13-40
-17-39
X23159

APR 21 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9413
State File No. 2823
Registrar's No.

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:
4323 Haven
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... / (Specify whether
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. 4323 Haven
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mathilda Thias
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 2
6. (b) Name of husband or wife Julius F. Thias
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 17 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 11 hr. min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Adam Roth
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Kraft
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Thias
(b) Address 4323 Haven

17. (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director. Mrs. Schumacher
(b) Address 3013 Meramec

19. (a) MAR 31 1941 (b) J. W. P. Smith
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1941 hour 10.00 minute..... A. M.

21. I hereby certify that I attended the deceased from
Aug. 14 # 1940 to Mar 28 # 1941
that I last saw her alive on Mar. 26 # 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Atherosclerosis

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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?

While at work..... (Specify type of place)
(a) Means of injury.....

23. Signature J. W. P. Smith (M. D. optional)
Address 477 Wilmington Date signed 3/28/41

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

079

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.....

Clarence Kochow

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address.....

3013 Merame

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.