

FILLED OCT 7 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1937

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Rural, Bonhomme Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None, Ries Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days) 3 years

3. (a) PRINT FULL NAME Julius J. Thaman

3. (b) If veteran, name war None 3. (c) Social Security No. 489-07-5487

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna H. Thaman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 24 1892
 (Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 42
 If less than one day hr. min.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Cashier, (Retired)

11. Industry or business National Candy Co.

12. Name Louis H. Thaman,

13. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Helena Scharding,

15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ma. Inna Thaman

(b) Address Valley Park, Mo. R. #1.

17. (a) Burial (b) Date thereof 9-18-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul.

18. (a) Signature of funeral director Specker Funeral Home

(b) Address Ballwin, Mo.

19. (a) SEP 17 1941 (b) C. J. McFarland
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Rural,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Ries road
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
 year 1941 hour 4 minute 150. M.

21. I hereby certify that I attended the deceased from December 1
 1939 to Sept 13 1941.
 that I last saw h. m. alive on Sept. 13 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to General arterio-sclerosis
Hypertension,
Chronic Nephritis

Other conditions 1314
 (Include pregnancy within 3 months of death)

Major findings: 1314
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry Scott (M. D. or other) M.D.
 Address Ballwin, Mo. Date signed 9/17/41

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

MOTHER FATHER

OCT 28 1941

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.....

Thos. Schrader

Licensed Embalmer No.....

3066

P. O. Address.....

Baltimore, Md.

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.