

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33592
Registrar's No. 8550

Registration District No. 791 Primary Registration District No. 1003

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

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:
3707a Aldine 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 00091
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL") 1291
(d) Street No. 2202a Cass Ave.
(If rural, give location) 9
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Alwine Elizabeth Thias.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 28
year 1941. hour 7:30 A. Minute..... M.
21. I hereby certify that I attended the deceased from
Oct. 17 1941 to Oct. 28 1941
that I last saw him alive on Oct. 28 1941
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Fred Thias.
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 26 1863.
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage - congestive hemiplegia (left)
Due to.....
Due to.....
Other conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
77 11 2 hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Missouri. (State or foreign country)
10. Usual occupation Housework.

11. Industry or business.....
12. Name Gerhard Tod.
13. Birthplace Germany. (State or foreign country)
14. Maiden name Julia Wedge.
15. Birthplace Germany. (State or foreign country)

16. (a) Informant Fred Ernst.
(b) Address 3707a Aldine.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-41. (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 1
23. Signature J. P. Bremer (M. D. or other)
Address 4901^{1/2} Easton Date signed 10/28/41

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) OCT 28 1941 (Date received local registrar) (b) J. P. Bremer (Registrar's signature)

Dr. Hinkle
4911 Easton
1 - 2:30 P.M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.