

FILED MAY 4 1942
Registration District No. 700

Primary Registration District No. 700

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 3 mos. 10 days

3. (a) PRINT FULL NAME JOSEPH THALLER.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased 9 4 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation unt.

11. Industry or business _____

MOTHER FATHER { 12. Name unt. 9

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name unt. 7

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Home's

(b) Address Ballwin, Mo.

17. (a) _____ (b) Date thereof 4-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington White

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) APR 28 1942 (b) R. M. Parson
(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. unt. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 6th, 1942 to April 15, 1942
that I last saw him alive on April 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration _____

Due to _____ 93d
Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
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 R. H. Jensen (M. D. _____)
Address Manchester, Mo. Date signed 4/16/42

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

8761 62 AUG

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.....

Licensed Embalmer No.....

P. O. Address.....

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.