

FILED **JUL 28 1947 91**

Registrar's No. **6055**

Registration District No. ....

Primary Registration District No. ....

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:  
City Hospital # 10  
(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 Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4131 Chouteau Ave.  
(If rural, give location)  
(e) Citizen of foreign country..... (Yes or No)  
No Attending Physician  
If yes, name country.....

3. (a) PRINT FULL NAME Bridget Theismann

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Edward Theismann 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 4th 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Unknown Lavin  
13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Edward Theismann  
(b) Address 4131 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 1 1942 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th  
year 1942 hour 5 08 minute A.M. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Apoplexy

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 force) (b) Means of injury.....

23. Signature Alfred Cherry (M. D. or other).....

Address St. Louis Date signed 7/17/42

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

City Coroner

**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 *Reinhold H. Lehmann*  
Licensed Embalmer No. *3395*

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.**