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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

824

State File No. 854

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 446 North Sarah Street. /
(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: 000

(a) State Missouri. (b) County 17

(c) City or town Saint Louis, 919
(If outside city or town limits, write "RURAL")

(d) Street No. 446 North Sarah St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marie A. Thimmig.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife August Thimmig

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August (Month) 12th. (Day) 1865. (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation House-Wife.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Harold Thimmig
(b) Address 205 George St. Greenwood, Miss.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 43. (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Ziegenheim Bros.
(b) Address 6409 Gravois Ave

19. (a) JAN 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th, year 1943. hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from November, 11th, 1942, to Jan. 25th. 1943; that I last saw her alive on Jan. 25th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia — Duration 10 hrs

Due to Ceberal Hemorrhage.

Due to 83

Other conditions (Include pregnancy within 3 months of death)

Major findings: Arterio sclerosis.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Irwin J. Harris M.D. (M. D. or other)

Address Little Gravois Bld Date signed 1/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Gravois

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.