

FILED APR 1 1943

Registration District No. **784**

Primary Registration District No. **101**

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

1. PLACE OF DEATH:  
 (a) County **St. Louis**  
 (b) City or town **Clayton, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**71 Aberdeen Place /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community **life** (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME **EMMA H. THEIS**  
 3. (b) If veteran, name war **No**  
 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 **Albert Theis**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **December 5 1978**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>2</b>	<b>28</b>	_____hr. _____min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **Henry Seaver**  
 13. Birthplace **Unknown Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Catherine Brown**  
 15. Birthplace **Alsace Lorraine France**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Theis**  
 (b) Address **6 Algonquin Lane - Entombment**  
 17. (a) (Burial, cremation, or removal) **Entombment**  
 (b) Date thereof **3/5/43**  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oak Grove**

18. (a) Signature of funeral director **Alexander San Juan**  
 (b) Address **6175 Delmar Blvd., St. Louis, Mo**

19. (a) **MAR 4 1943** (Date received local registrar)  
 (b) **E. M. Garrison** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **St. Louis**  
 (c) City or town **Clayton**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **71 Aberdeen Place**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **3**  
 year **1943** hour **1** minute **15 A. M.**

21. I hereby certify that I attended the deceased from **2-21**, 19**42**, to **MARCH 3**, 19**43**  
 that I last saw **her** alive on **MARCH 3**, 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY EMBOLISM.**  
 Duration **80 MIN**

Due to **HAD A PREVIOUS ATTACK ONE YEAR AGO.**

Due to \_\_\_\_\_  
 Other conditions **DIABETIC.**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **61**

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature **Emilia A. ...** (M. D. or other) **M.D.**  
 Address **11884 ...** Date signed **3-7-43**

Dr. Duille O. White  
1149 Woodlawn  
all afternoon

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 *Thomas R Jewell*

Licensed Embalmer No. *3793*

P. O. Address *St Louis Mo*

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.