V. S. No. 2
00M—2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Wm Jos Thyrum

State File No. 15469

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1047

96

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berkeley City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4th & Hancock Aves
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Berkeley City
(If outside city or town limits, write "RURAL")

(d) Street No. 4th & Hancock Aves
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Louise V. Menke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Louis C

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 1 (Day) 1908 (Year)

8. AGE: Years 34 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Bridgeton (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis F. LaBeau
13. Birthplace Florissant (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Sylvina Teson
15. Birthplace Florissant (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Louis C. Menke

(b) Address Berkeley City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem

18. (a) Signature of funeral director Baumann Bros-Inc.

(b) Address 2504 Woodson Rd-Overland

19. (a) MAY 4 - 1943 (Date received local registrar) (b) C. H. McGuire (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30 year 1943 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12-28-42, 19..., to 4-28-43, 19...; that I last saw her alive on 4-28-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	minutes
Due to Myelophthisis anemia	2 mo.
Due to Adeno carcinoma (Grade III) c̄ metastasis (primary focus	6 mo.
Other conditions not found (Include pregnancy within 3 months of death)	

Major findings:
Of operations 56
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 0

23. Signature J. S. Thyrum (M. D. or other) MD

Address St. Louis Co. Hospital Date signed 5/1/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1943

SEP 20 1943

SEP 21 1943

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.