

S. No. 2
M-2-43
5-17-39
I X 15527

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37912

State File No.

9831

NOV 18 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
907 Fillmore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 88 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 907 Fillmore
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Thoben

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 John Thoben 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 25 1955
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 13 If less than one day hr. _____ min.

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

10. Usual occupation none

11. Industry or business at home

12. Name Joseph Saba

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

14. Maiden name May

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

16. (a) Informant Mr. Smith

(b) Address 907 Fillmore

17. (a) burial (b) Date thereof 11-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) NOV 9 1943 J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1943 hour 1 minute _____ a M.

21. I hereby certify that I attended the deceased from Nov 1, 1943 to Nov 8, 1943
that I last saw her alive on Nov 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Arterio Sclerosis

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 place) (e) Means of injury _____

23. Signature Queen J. M. G... (M. D. or other) _____

Address 7606 N. ... Date signed Nov 9, 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Vincent L. Berryman
.....
Licensed Embalmer No. *4018*

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.