

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4506

FILED JAN 10 1944

Primary Registration District No. 6076

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Notre Dame Convent 5  
(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)

3. (a) PRINT FULL NAME Sister Mary Theonita Thirolf

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 3, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>II</u>	<u>--</u>	hr. min.

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

10. Usual occupation Teacher

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

MOTHER FATHER

12. Name Gabriel Thirolf

13. Birthplace Unknown unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Anselmann

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

16. (a) Informant Sisters of Notre Dame  
(b) Address 320 E. Ripa 32

17. (a) Burial (b) Date thereof 1-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Notre Dame Cemetery

18. (a) Signature of funeral director Fendler Und. Company  
(b) Address 7420 Michigan Avenue

19. (a) JAN 7 - 1944 (b) E. G. Mc Larran, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 320 E. Ripa (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1944 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Oct. 15 to Jan 4, 1944  
14 at St. Louis, Mo.  
that I last saw her alive on Jan 3rd and that death occurred on the date and hour stated above.

Immediate cause of death Aluminum myocarditis 3 mo Duration

Due to Influenza 10 days

Due to Septic

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 93d

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 Paul M. Stein (M. D. or other) \_\_\_\_\_  
Address 2800 N. 6th St. St. Louis Date signed 1-4-44

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**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.....*Oliver E. Smith*.....

Licensed Embalmer No. *7178*.....

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.**