

S. No. 2
M--2.43
5-17-39
X35697

FILED FEB 28 1944

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4976 Itaska Ave.
(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:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4976 Itaska Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George N. Thoenes

3. (b) If veteran, name war..... None
3. (c) Social Security No..... None

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

6. (b) Name of husband or wife..... Elizabeth
6. (c) Age of husband or wife if alive..... 55 years

7. Birth date of deceased..... June 14th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 - 56 8 0 hr. min.

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

10. Usual occupation..... Interior Decorator

MOTHER FATHER

11. Industry or business.....
12. Name..... Nick Thoenes
13. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Elizabeth Thoenes
(b) Address..... 4976 Itaska Ave.

17. (a) Burial (b) Date thereof..... 2-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... New St. Peter's Park

18. (a) Signature of funeral director..... Kriegshauser Mortuar
(b) Address..... 4228 So. Kingshighway Blvd

19. (a) FEB 16 1944 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 14th
year..... 1944 hour..... 5:30 minute..... P.M.

21. I hereby certify that I attended the deceased from..... 8/23 43 to..... 2/14 44
19..... 43 to..... 1944
that I last saw him alive on..... 2/14/44, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage

Due to..... Hypertension
Due to..... Atherosclerosis
Other.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration

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?

23. Signature..... J. J. Bredek (M. D. or other)
Address..... 3157^a Park Date signed..... 2-15-44

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

31572 York Ave
10:30 - 12
Burial 3978

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 *Edwin J Mc Nemett*

Licensed Embalmer No. *3024*

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.