

FILED DEC 3 1944

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2395

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 hrs.  
(Specify whether Life)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME HERMAN THOENE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

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 January 24 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace New Melle Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name William Thoene

13. Birthplace Hanover Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Landwehr

15. Birthplace New Melle Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Thiene (Brother)

(b) Address \_\_\_\_\_

17. (a) Bethel (Burial, cremation, or removal) (b) Date thereof 11-25-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Beidermeyer

(b) Address 1934 St. Louis Ave

19. (a) DEC 1 1944 (Date received local registrar)

(b) E. J. McLawrence (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Route #4, Box 375  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 25  
year 1944 hour 5 minute 40 a.m.

21. I hereby certify that I attended the deceased from 11-25-44  
~~XXXXXX~~ 19\_\_\_\_ to 11-25-44 19\_\_\_\_;  
that I last saw h. im alive on 11-25-44 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 7 hrs.

Due to Hypertensive cardio-vascular disease ?

Due to \_\_\_\_\_

Other conditions g 30-1  
(Include pregnancy within 3 months of death)

PHYSICIAN

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

Of autopsy \_\_\_\_\_

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)

(e) Means of injury D

Signature J. A. Johnson (M. D. or other) Med.

Address St. Louis County Hqs Date signed 11/25/44

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

**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.....

*Felix J. Krupnick*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1931 St. Louis Ave*

**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.**