

FILED JUN 9 1945
Registration District No.

318 Primary Registration District No.

1003 Registrar's No. 4787

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

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
 In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 065
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3155 South Jefferson Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME CLARENCE THEOBALD
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 28
 year 1945 hour 7.15 minute P M.
 21. I hereby certify that I attended the deceased from May
13 19.45 to May 28 19.45
 that I last saw him alive on May 28 19.45
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Mar
 6. (b) Name of husband or wife Elizabeth Theobald
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased January 9 1895
(Month) (Day) (Year)

Immediate cause of death.....
Acute exacerbation
 Due to Chronic Nephritis 8ds.

8. AGE: Years Months Days If less than one day
50 4 19 hr. min.

Due to Pulmonary tuberculosis
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings: Of operations.....
 Of autopsy.....

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

10. Usual occupation Janitor
 11. Industry or business Board of Education

MOTHER FATHER {
 12. Name Henry Theobald
 13. Birthplace Millstadt Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Merod
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

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.....
 Signature John J. Bredeck (M. D. or other)
 Address City Sanitarium Date signed 7/28/45

16. (a) Informant Thelma Sengler
 (b) Address 5400 Arsenal St.

17. (a) burial (b) Date thereof 5-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Pauls Churchyard
Southern Funeral Home

18. (a) Signature of funeral director.....
 (b) Address 6322 So. Grand Blvd.

19. (a) MAY 28 1945 (b) Registrar's signature J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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.