

No. 2
1-5-43
5-17-39
I X36671

MAR 30 1946
318
Registration District No.

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2808

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

3. (a) PRINT FULL NAME PAULINE ADELE THOMURE

3. (b) If veteran, name war one 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife George M. 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 24, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Lewis Danernheim

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

14. Maiden name Elizabeth Unknown

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

16. (a) Informant Annita Reising

(b) Address 7173 Glades Ave.

17. (a) Burial (b) Date thereof Mar. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) MAR 26 1946 (b) J. F. Pardeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8759 Brentwood Pl.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 23
year 1946 hour 12:15 Noon minute _____ M.

21. I hereby certify that I attended the deceased from August 17 1945 to March 23 1946
that I last saw h. or alive on March 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 da.

Due to arteriosclerotic heart disease with hypertension

Due to hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93
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 _____

23. Signature Ellsworth A. ... (M. D. of ...)
Address 204 E. Big Bend W. H. ... signed 3-25-46

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.