S. No. 2
V. 2-43
3-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34859

State File No. 1

FILED OCT 16 1946

Registration District No. 377 Primary Registration District No. 4467 Registrar's No. 205-8

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Meramec River Long Beach
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. Marshall Rd 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vincent E. Theis
3. (b) If veteran, name war World II
3. (c) Social Security No. 487-20-5448
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 Dec (Month) 20 (Day) 1923 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	9	11	hr. min.

9. Birthplace Kirkwood (City, town, or county) Mo (State or foreign country)
10. Usual occupation Service Sta Attendant
11. Industry or business Gasoline
FATHER
12. Name Walter O Theis
13. Birthplace St Louis Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Clara Bailey
15. Birthplace Lawrence Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Walter O Theis
(b) Address Marshall Rd Kirkwood Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem
18. (a) Signature of funeral director Laura H. Bopp Inc
(b) Address Kirkwood Mo
19. (a) 10-4-46 (Date received by local registrar) (b) Ruth Bacon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death drowning in Meramec River	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	

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) Accident 125
(b) Date of occurrence October 1, 1946
(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? River (Specify type of place)
While at work? (e) Means of injury Suffocation
23. Signature Arnold J. Willmann (M. D. or other) Coroner 3
Address Clayton Date signed 10/2/46

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1946

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 Durand.....

Licensed Embalmer No.....3034.....

P. O. Address..Kirkwood (22) 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.