

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

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

318

(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:
Enroute to City Hospital #13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **17 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **2446 South Third Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

GEORGE THEOBALD

(b) If veteran, name war _____

no

(c) Social Security No.

702-09-0946

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Cora**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 17, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 26 hr. min.

9. Birthplace **Columbia, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Mo. Pac. R R**

MOTHER FATHER {
12. Name **Abraham Theobald**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cora Theobald**

(b) Address **2446 South Third Street**

17. (a) **burial** (b) Date thereof **10-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **A.W. McLaughlin**

(b) Address **2301 Lafayette Avenue**

19. (a) **OCT 14 1946** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13th**
year **1946** hour **11** minute **50 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis**
Cardiac Hypertrophy
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **9/5**

Major findings:
Of operations _____
Of autopsy _____

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)
(a) Means of injury **B**
23. Signature **Patricia E. Taylor** (M. D. or other) _____
Address **Deputy Coroner** Date signed **10-14-46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

L P Cooper
Licensed Embalmer No. 3633

P. O. Address 230 Lafayette

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.