V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26124
Registrar's No. 6705

FILED JUL 21 1947

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USING 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: St. John's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Edwardsville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 553 N. Kansas 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME John Henry Theuer
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Catherine Theuer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 25 (Day) 1859 (Year)

8. AGE: Years 87 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Edwardsville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business Building Contractor
FATHER
12. Name George W. Theuer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Margaret Phonater
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Clara Theuer
(b) Address Edwardsville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUL 16 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 12/15/46, 19, to 7/15/47, 19; that I last saw him alive on 7/14/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death 1 Carcinoma stomach 1 year
2 Peritoneal abscess from
Due to perforation of carcinoma area 1 day
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy as above

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature O. Hall (M. D. or other) MD
Address Humboldt Bldg Date signed 7/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....3575.....

P. O. Address.....

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.