S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26128

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6562

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: 2515 Texas Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2515 Texas Avenue 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 23
If yes, name country .....

3. (a) PRINT FULL NAME MARY ELIZABETH THIMMIG

3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced W 21

6. (b) Name of husband or wife Charles H.
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September 22, 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name John Stroh
13. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Frick
15. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Oleda F. Laux
(b) Address 2515 Texas Avenue

17. (a) burial (b) Date thereof 7-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Hill Cemetery Belleville, Illinois

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUL 11 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1947 hour 6:15 minute a M.

21. I hereby certify that I attended the deceased from 12-7-, 1946 to 7-10-, 1947
that I last saw her alive on 7-10-47, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	20 minutes
Due to Pulmonary Carcinoma, Metastatic	4 mo
Due to Cancer of left breast	10 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
Of autopsy

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) .....
(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 Geo A Seib (M. D. or other) MD
Address 2323 Lafayette Date signed 7/10/47

(Licensed Embalmer's Statement on Reverse Side) GEORGE H SEIB

Mr. Geo. Seibs
2323 Lafayette Ave

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.....C W Cooper.....

Licensed Embalmer No.....B830.....

P. O. Address 2301 Lafayette Ave

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.