No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3590

FILED FEB 9 1948

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 192

96
0
0

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

1. PLACE OF DEATH:
(a) County St.Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs. (Specify whether
In this community — yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St.Louis 96
(c) City or town Manchester 0
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Nursing Home 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bobette Sue Thea

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

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 Mar. (Month) 27 (Day) 1942 (Year)

8. AGE: Years 5 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Alfred R. Thea
13. Birthplace Chicago (City, town, or county) Ill. (State or foreign country) /

MOTHER
14. Maiden name Sylvia Schukar
15. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Alfred R. Thea
(b) Address 309 Elm St.Kalamazoo,Mich.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed, Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson Av.

19. (a) 1-21-48 (Date received local registrar) (b) Carl J. Shapiro MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Feb. 1, 1946, to Jan 20 1948;
that I last saw her alive on Jan 19 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death congenital heart disease

Due to 157

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A. L. Merklin M.D. (M. D. or other)
Address 3507 Potomac Date signed 1-20-48

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 Lewis L. Ludwig

Licensed Embalmer No. 4229

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.