No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7114

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1173

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: Alexian Bros Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oak

(c) City or town 4981 Quincy Str. (If outside city or town limits, write "RURAL") 17

(d) Street No. St. Louis Mo (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Orla Thage

3. (b) If veteran, name war No

3. (c) Social Security No. 412-09-3509

4. Sex male O

5. Color or race white

6. (a) Single, widowed, married, divorced married/

6. (b) Name of husband or wife Ellan Peterson Thage

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 25th 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Structual Engineer

11. Industry or business "Union El. Lt Co." UNEMPLOYED

FATHER
12. Name Zier Aage Thage 4
13. Birthplace Denmark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Litch 4
15. Birthplace Denmark (City, town, or county) (State or foreign country)

16. (a) Informant Ellen ~~XXXXXX~~ Thage

(b) Address 4981 Quincy Str.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 4th/1948 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Henry L Hudenmueller

(b) Address 6203 Gravois Ave ~~J. F. Bresch~~

19. (a) FEB 4 - 1948 (Date received local registrar) (b) J. F. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 2, 1946, to Feb. 3, 1948 that I last saw him alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Carcinoma of Transverse Colon

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations Carcinoma of T. Colon

Of autopsy Carcinoma of T. Colon

Duration

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 O

23. Signature A. L. Kerth (M. D. or other)

Address 3606 Gravois Date signed 2/4/48

(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 XXXXXXXXXXXXXXXX.....

....., Registered Apprentice No.....,

working under my personal supervision.

This body was not embalmed

Signed Henry L. Weidenmueller

Licensed Embalmer No. 2693

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.