FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21393
Registrar's No. 5306

Registration District No. 318 Primary Registration District No. 1003

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: 2324 Michigan Av. (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 Mo. (b) County 600
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 17
(d) Street No. 2324 Michigan Av. (If rural, give location) 9
(e) Citizen of foreign country? 17 (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME Arthur Wm Theobald.
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada Theobald
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov. (Month) 7 (Day) 1894 (Year)

8. AGE: Years 53 Months 7 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Newspaper Carrier
11. Industry or business
FATHER
12. Name Jacob Theobald.
13. Birthplace Millstadt Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dorothea Hartman
15. Birthplace Millstadt Ill. (City, town, or county) (State or foreign country)
16. (a) Informant Ada Theobald
(b) Address 2324 Michigan Av.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Witt Bros. L & Nlo
(b) Address 2929 S. Jefferson Av.
19. (a) JUN 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 10 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 12, 1940 to June 8, 1948 that I last saw him alive on June 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	8 yrs
Due to arteriosclerosis	8 yrs.
Chronic nephritis	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

121

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 Carl Atchans (M. D. or other) M.D.
Address 3248 Lafayette Date signed 6/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No. 374

P. O. Address 2222 Jefferson

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.