

318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 003

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 Madison Ave.  
Memorial (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIA THEIS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Thies

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

7. Birth date of deceased November 20 1876  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>28</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Sabastin Vazis

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Wittman

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank F. Vazis

(b) Address 7002 Tholozan

17. (a) Burial (b) Date thereof Dec 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery  
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 6464 Chippewa St.

19. (a) DEC 20 1948 (b) J. B. Sasser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th  
year 1948 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 12/17/48  
\_\_\_\_\_ 19\_\_\_\_ to Dec. 18th 19 48  
that I last saw h. ier alive on Dec. 18th 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage

Due to Hypertension + Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Same

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. M. Landau M.D.  
1515 Lafayette (City, town, or other)  
Address \_\_\_\_\_ Date signed 12/18/48

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

Landau

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**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.....

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *7814 P. Broadway*

**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.**