

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32265
Registrar's No. 8020

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (If in this place) 32 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			d. STREET ADDRESS (If rural, give location) N.R. Rt. I		
3. NAME OF DECEASED (Type or Print)		a. (First) Jacob		b. (Middle) Thuerwacher	
		c. (Last) Thuerwacher		4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 1949	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 20, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Public Service	11. BIRTHPLACE (State or foreign country) Bavaria Germany		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Christian Thuerwacher		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha Thuerwacher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 498-01-7067	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ted Thuerwacher 4723 a. LeDuc		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident (9th P.O. day) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perineal prostatectomy Aug 16, 1949				INTERVAL BETWEEN ONSET AND DEATH years
19a. DATE OF OPERATION 8-16-49	19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Aug. 14 , 19 49 , to Sept. 15 , 19 49 , that I last saw the deceased alive on Sept. 14 , 19 49 , and that death occurred at 10:25 P. , from the causes and on the date stated above.					
23a. SIGNATURE F.A. Bradley		(Degree or title)		23b. ADDRESS Barnes Hospital.	23c. DATE SIGNED 9/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE (9/19/49)	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. SEP 16 1949		REGISTRAR'S SIGNATURE J.B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Street Caravel 4600 Nat'l Bridge	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ben Goffman

Licensed Embalmer No. *366*

P. O. Address *St. Louis, Mo.*

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.