

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 5182

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2029</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				2d. STREET ADDRESS (If rural, give location) <b>4805 Terrace Ave. 0</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>REGINA</b>		b. (Middle) <b>S.</b>		c. (Last) <b>THUM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 2 1951</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 14, 1891</b>					
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Pittsburgh, Pa. /</b>					
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <b>John P. Mahoney</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Monahan</b>		14. NAME OF HUSBAND OR WIFE <b>Walter A. Thum</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Walter A. Thum</b>			ADDRESS <b>4805 Terrace Ave.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
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? <b>3810</b>							
22. I hereby certify that I attended the deceased from <b>June, 1950</b> , to <b>June 2, 1951</b> , that I last saw the deceased alive on <b>June 2, 1951</b> , and that death occurred at <b>6:00P m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Walter W. Davis, M.D.</b>				(Degree or title) _____		23b. ADDRESS <b>539 N. Grand</b>		23c. DATE SIGNED <b>6/4/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jun. 6, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>JUN 5</b>		REGISTRAR'S SIGNATURE <b>J. D. Foster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>					ADDRESS <b>4228 S. Kingshighway Bl.</b>	

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

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed William B. White

Signed.....  
Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 La King Highway

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.