

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20538**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 531		Registrar's No. 1325			
1. PLACE OF DEATH a. COUNTY St. Louis				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) University City		c. LENGTH OF STAY (in this place) 6 years		c. CITY OR TOWN University City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-1128 Parkedge Lane				STREET ADDRESS (If rural, give location) 1128 Parkedge Lane -east					
3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) MONSCHEIN c. (Last) THUMMEL.			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1955						
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 17, 1881		9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (City and State or Foreign Country) Fort Worth, Texas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Adolph Monschein		13b. MOTHER'S MAIDEN NAME Mathilda Lichtentah		14. NAME OF HUSBAND OR WIFE William G. Thummel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-18-9849		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Monschein - 1128 Parkedge Lane-east					
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) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DIS. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH MINUTES. ? YEARS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from JULY 30, 1954 , to JUN 8, 1955 , that I last saw the deceased alive on MAY 21, 1955 , and that death occurred at 4:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) David Seldman M.D.				23b. ADDRESS 539 N. GRAND, ST. LOUIS, MO		23c. DATE SIGNED 6/9/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 6-13-55	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. 6/10/55		REGISTRAR'S SIGNATURE Kesbert R. Donker, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,					

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

98 (Licensed Embalmer's Statement on Reverse Side)

M.A.P. 1956

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.....
Signature of Student Embalmer

Signed *Clarence H. Murr*

Licensed Embalmer No. *4*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.