NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39186

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10217

Township ..... Primary Registration District No. 1008 Registered No. 10217

City ST. LOUIS MO (No. 2017 A ALLEN AV. St. ..... Ward)

2. FULL NAME HENRY J. THOELE.

(a) Residence, No. 2017 A ALLEN AV. St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write the word*): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ ELSIE E. THOELE.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 26-1869

7. AGE: YEARS 67 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BREWERY
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WORKER
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER
13. NAME HERMAN THOELE.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME ELIZABETH. UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) ELSIE E. THOELE. 2017A ALLEN AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE Oct. 10 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur 31 25 Lafayette av.

20. FILED OCT 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apl 6, 1936, to Oct 7, 1936

I last saw him alive on 6 Oct, 1936 Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset Mar 35

HUB

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Philip Schreck, M. D.

(Address) 1703 S Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X7044