

REC'D MAR 14 1938

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

4851

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **1496**
 (c) City **St. Louis** (d) Street No. **3258 Marine Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Josephine Thomas 520
 (a) Residence, No. **3858 Marine Ave.** St. **27**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mr. L. Thomas**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 1, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
75 8 9

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Jacob Tiefenbrun**
 14. BIRTHPLACE (CITY OR TOWN) **Alsace-Lorraine**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Margarst Scener**
 16. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. E. Langeneckert - Daughter**
 (ADDRESS) **3858 Marine, St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem.** DATE **Feb. 14, 1938**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. B'way, St. Louis, Mo.**

20. FILED **FEB 11 1938**

J. F. Bredman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **January 8, 1938**, to **Feb. 10, 1938**
 I last saw her alive on **Feb. 10, 1938**. Death is said to have occurred on the date stated above, at **10:30a.**
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia R. A. B.
Bl. Myocarditis
Senility
 Other contributory causes of importance:
General debility

Date of onset **2-1-38**
 ?
 ?

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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?
 If so, specify *no*
 (Signed) *Victor F. Koepfer M.D.*, M. D.
 (Address) *3805 So. Broadway*

203-13-1111

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Virgil Barryman

L. E. 4018

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed George W. Hoffmeister

Licensed Embalmer No. 2426

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.)