

REC'D APR 8 1938

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

12187

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township On Demand Primary Registration District No. 200 Registered No. 570
 (c) City (d) Street No. Bellefontaine & Chambers Rd. Box 375 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

William Thoene 500
 (a) Residence, No. Box 375 Chambers & Bellefontaine Rd.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 - 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gardener
 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) (STATE OR COUNTRY) St. Charles Co. Mo.

FATHER 13. NAME William Thoene
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Landwehr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

17. INFORMANT (ADDRESS) August Thoene
Bellefontaine and Chambers Rd.18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Mar 29 193819. FUNERAL DIRECTOR (ADDRESS) Beaumont Funeral Home
1736 Al. Home Ave.20. FILED 229 1938 J.R. Myers M.A. M.P. N
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 193822. I HEREBY CERTIFY, That I attended deceased from July 22 1937 to 3/26/ 1938I last saw him alive on 3/21 1938 Death is saidto have occurred on the date stated above, at 2:30 A.M.

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

Cerebral hemorrhage 7/26/38
Apoplexy

Other contributory causes of importance:

Hypertension 7/27/37
Hemiplegia

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? No

If so, specify

(Signed) St. Chopin M. D.(Address) 8321 N. Broadway-St. Louis

STATEMENT BY LICENSED EMBALMER

I, *Gutkas*....., Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed *Gutkas*.....
Licensed Embalmer No. 3737

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.)