

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791  
1008

16737

Do not use this space.

4271

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2  
 (b) Township St. Louis Primary Registration District No. 1 Registered No. 4271  
 (c) City St. Louis (d) Street No. 3750a California 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 Mary Thomure

(a) Residence, No. 3750a California Ave. St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Leo Thomure  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1883  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Illinois (STATE OR COUNTRY)

FATHER 13. NAME Ed. Heisler  
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Schlagel  
 16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Leo Thomure (ADDRESS) 3750a California

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 9, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILE MAY 8 1939 J. J. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5 1939 to May 6 1939  
 I last saw her alive on May 6 1939 Death is said to have occurred on the date stated above, at 11:30a. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation none Date of       
 What test confirmed diagnosis? Cl. Findings 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       
 (Signed) Paul J. Schwan, M. D.  
 (Address) 1800 Clippewa Rd.

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.

**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.....

*Frank J. Wyland Sr.*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank J. Wyland Sr.*

Licensed Embalmer No. *2645*

P. O. Address..... *St. Louis, Mo.*

**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, above space should be left blank.**