

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27261

Registration District No. 1261

Primary Registration District No. _____

Registrar's No. 6761

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis SEP 14 1939
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3361 S. 7th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Unknown
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
 (d) Street No. 3361 S. 7th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hannah Thebus 120

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March 23, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name Anton Thebus

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Matherine Thebus

(b) Address 3361 S. 7th St.

17. (a) Burial (b) Date thereof 8/3/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wacker-Welder

(b) Address 2331 S. Broadway

19. (a) AUG 2 1939 (b) J. D. Bradish
(Date received local health officer's certificate)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
 year 1939 hour 5 minute 10 a. m.

21. I hereby certify that I attended the deceased from May 22, 1939 to August 1, 1939
 that I last saw her alive on July 31, 1939
 and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of Both Breasts with general metastasis 15 yrs
 Due to _____
 Due to _____

Other conditions Chronic Myelitis
(Include pregnancy within 3 months of death)
 Duration 13 yrs

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. P. Rain, M. D. (M. D. or other) _____
 Address 2730 McNAUL AVE Date signed 8-1-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1 X1081

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.....

Robert Wheeler....., Registered Apprentice No.....
working under my personal supervision.

Signed *Robert Wheeler*.....

Licensed Embalmer No. *2128*.....

P. O. Address *Atlanta Ga*.....

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.