

JAN 1 & 1940

STANDARD CERTIFICATE OF DEATH

State File No. 41842  
Registrar's No. 10965

Registration District No. 701 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003  
(a) County \_\_\_\_\_  
(b) City or town St Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Hours  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Elisabeth Theismann 255  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Husband Dead 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 11 Th 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Bernard Albers  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Helien Daimann  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Hoffmeier  
(b) Address 4529 Theismann Place 1939

17. (a) Burial (b) Date thereof Dec 26 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Koch  
(b) Address 3516 N. 14 Th Str

19. (a) DEC 23 1939 (b) J. P. Prud'homme  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town St Louis Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4529 Theismann Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 60 Years \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 22  
year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Effemus med  
Chloral hydrate Fracture  
Right leg Sacrum and Pelvis  
Dislocated by Automobile driven  
by one Elmer Brown about  
16:58 P.m. Dec 22 1937  
on Becker Boulevard at  
Becker place. Deceased a  
pedestrian  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations 2/10 m  
Of autopsy 21  
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) Accident  
(b) Date of occurrence Dec 22 1939  
(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(Means of injury) Struck by Car  
28. Signature Joseph M. Hoffmeier  
Address Deputy (Date signed) \_\_\_\_\_

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address 4106 Batoune

**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.**