

26830

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

6726

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 SEP 20 1940
 791
 Registration District No. _____
Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Sanitorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether _____)
 In this community _____
 years, months or days
3. (a) PRINT FULL NAME JOHANNA THOMA 57113. (b) If veteran, name war _____ 3. (c) Social Security No. 492-09-18984. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Albert Thoma 6. (c) Age of husband or wife if alive 28 years7. Birth date of deceased December 21 1909
(Month) (Day) (Year)8. AGE: Years 30 Months 7 Days 15 If less than one day _____ br. _____ min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Press Feeder11. Industry or business Ralston Purina Co.12. Name John Kristmann13. Birthplace Austria
(City, town, or county) (State or foreign country)14. Maiden name Katie Divo15. Birthplace Austria
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Albert Thoma(b) Address 2837 Mt. Pleasant St.17. (a) Burial (b) Date thereof Aug. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director J. Golden Park Co.(b) Address 2842 Meramec St.19. (a) AUG 8 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2837 Mt. Pleasant Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th
year 1940 hour 5 minute 25 A. M.21. I hereby certify that I attended the deceased from July 20, 1940
_____, 19____, to Aug 6, 19____
that I last saw her alive on Aug 5, 19____
and that death occurred on the date and hour stated above.Immediate cause of death Generalized Peritonitis following Appendectomy Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Chronic Appendicitis
PeritonitisOf autopsy Generalized Peritonitis

PHYSICIAN

Underline the cause to which death would 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. H. Bredeck (M. D. or other) _____Address 1649 Belmont Date signed 8/6/40

(Licensed Embalmer's Statement on Reverse Side)

WALIE PLAINLI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10110811

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..... *Herman A. Gebken*

Licensed Embalmer No. 2120

P. O. Address..... 2842 Meramec St.
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.