

No. 2
13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33699
Registrar's No. 8396

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Harry A. Thuneman

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Thuneman 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 7, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 0 hr. min.

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

10. Usual occupation Retired-Sheet Metal Worker

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant B. P. Thuneman

(b) Address 3840 Lafayette Ave.

17. (a) Burial (b) Date thereof 10-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Miss [Signature]

(b) Address 2929 S. Jefferson Ave.

19. (a) OCT 9 1940 (b) [Signature]
(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. 3840 Lafayette Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7th
year 1940 hour 8:45 minute A. 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 Fractured Ribs;
Subdural Haemorrhage and Fractured Pelvis; when struck by an automobile
due to driven by one Donald Henry Rostek
at Prairie and Carter Avenues, about
7:10 P.M., Oct. 6, 1940.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

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 Oct. 6, 1940

(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?
In Public Place

While at work?..... (Specify type of place) (e) Means of injury 5

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 10/9/40

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

Paul C. Shaul

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Paul C. Shaul

Licensed Embalmer No. *3472*

P. O. Address *29998. Jeffers*

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, fact should be so stated above.