

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 173

NOV 20 1940

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph's 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 city years, months or days) 1

8. (a) PRINT FULL NAME DIEDRICH HERMAN THOLE

8. (b) If veteran, name war _____ 8. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Theresa Kerer 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 19th 1898
 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles County (City, town, or county) MO (State or foreign country)

10. Usual occupation Coal Miner

MOTHER FATHER

11. Industry or business _____
 12. Name Diedrich Thole

13. Birthplace St. Charles County (City, town, or county) MO (State or foreign country)

14. Maiden name Theresa Kerer
 15. Birthplace St. Charles County (City, town, or county) MO (State or foreign country)

16. (a) Informant Theresa Thole
 (b) Address St. Charles, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Joseph A. Spul
 (b) Address 324 N. 1st St - St. Charles, MO

19. (a) 10-8-40 (Date received local registrar) (b) Clarence H. Messler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles (If outside city or town limits, write "RURAL")
 (d) Street No. 1628 N. 3rd St (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1940 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from June 4 1940 to October 7 1940; that I last saw him alive on October 7 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage Duration 2 days

Due to Metastatic carcinoma of stomach (pre-pyloric)
 Due to _____

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

Major findings: Of operations Metastatic carcinoma of stomach (6-29-40)
 Of autopsy _____

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) _____
 (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? 679
 (e) Means of injury _____ (Specify type of place)
 While at work _____ (Specify type of place)

23. Signature Handbook McJrty (M. D. or other) M.D.
 Address St. Charles, Mo. Date signed 10/9/40

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

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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St. Charles

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.