

No. 2  
-13-40  
-17-39  
K 22189

JAN 15 1947 91  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **9980**

1. PLACE OF DEATH:

(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: **2712 a Glasgow Ave.** **2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community. **Life.** years, months or days)

3. (a) PRINT FULL NAME **Mary Thirolf.**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **None.**

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

6. (b) Name of husband or wife **Joseph Thirolf.** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **March 5th 1875.**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>8</b>	<b>28</b>	hr. _____ min. _____

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

10. Usual occupation **Housework**

11. Industry or business **at home.**

12. Name **Frederick Schmidt.**

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

14. Maiden name **Bernardine Hussmann.**

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

16. (a) Informant **Isabelle Blickbuser**

(b) Address **2712 a Glasgow Ave.**

17. (a) **Burial.** (b) Date thereof **Dec. 6, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Brockland Und. Co.**

(b) Address **1827 Hogan St.**

19. (a) **DEC 5 1940** (b) **J. H. Bredich**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County \_\_\_\_\_

(b) City or town **St. Louis.** **20**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2712 a Glasgow Ave.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **----** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **3rd.** 1940.  
year **1940** hour **4 A.M.** minute **AM.**

21. I hereby certify that I attended the deceased from **March 18**, 19**35** to **Dec 3**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction** Duration **5 yrs.**

Due to **Chronic Pungentive**

Due to **Myocardial Infarction** Duration **5 yrs.**

Other conditions **Dropsy**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **E. A. Schweininger** (M. D. or other) \_\_\_\_\_  
Address **4470 Natural Bridge** Date signed **12/13/40**

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

MOTHER FATHER

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**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

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address.....

**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.**