No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FEB 25 1941 791

State File No. 915

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 915

**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: 5819 DE GIVERVILLE AVE
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County 000

(c) City or town ST LOUIS. 519
(If outside city or town limits, write "RURAL")

(d) Street No. 5819 DE GIVERVILLE AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME HELEN. M. THIERRY.

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 MARRIED

6. (b) Name of husband or wife DR. CHAS. W. THIERRY. 6. (c) Age of husband or wife if alive 65. years

7. Birth date of deceased JAN. (Month) 18. (Day) 1878. (Year)

8. AGE: Years 63. Months 0. Days 8 If less than one day ..... hr. ..... min.

9. Birthplace MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

MOTHER FATHER
12. Name SPARTAN. MANSFIELD.
13. Birthplace MISS. (City, town, or county) / (State or foreign country)
14. Maiden name MARY. SURRETT.
15. Birthplace N.Y. (City, town, or county) / (State or foreign country)

16. (a) Informant Chas. W. Thierry.
(b) Address 5819 DE GIVERVILLE AVE

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 1-29-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director L. M. Mullen
(b) Address 5165 DELMAR BLVD

19. (a) JAN 28 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 26th year 1941 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 21 ....., 1941, to Jan 26, 1941; that I last saw her alive on Jan 26 11 am, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Chronic — Duration 1 day

Due to Myocarditis Cardiac Hypertrophy

Due to Hypertension

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

Major findings: Of operations — 93d

Of autopsy — 93c

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

23. Signature [signature] (M. D. or other) (H. W. SOPER)
Address 515-20 Wall Bldg Date signed Jan 27 41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**