

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

23180

State File No. _____
Registrar's No. 6429

NEW AUG 6 1942
Registration District No. 791

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution:
6008-A Carlsbad 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)

3. (a) PRINT FULL NAME Charles Henry Thoms.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-28-5175

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Thoms 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 22nd, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name ? Thoms

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

14. Maiden name Unknown

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

16. (a) Informant Sophia Buhleger
(b) Address 6008-A Carlsbad Ave.

17. (a) Burial (b) Date thereof July 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery.
Ziegenhein Bro.

18. (a) Signature of funeral director B. G. Berwick
(b) Address 5409 Gravois Ave.
19. (a) JUL 30 1942 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000
(c) City or town Saint Louis. 17
(If outside city or town limits, write "RURAL") 29
(d) Street No. 6008-A Carlsbad Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th.
year 1942. hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1942
July 27 1942
that I last saw him alive on July 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Chronic

Due to arteriosclerosis, general.

Due to _____
Other conditions Large drug. Heroin, etc.
(Include pregnancy within 4 months of death)
Chor. Subacute repletitis

Major findings: none
Of operations _____
Of autopsy: none

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) _____
(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 B. G. Berwick (M. D. or other) _____
Address 2752 Cherokee Date signed July 28-42

AUG 8 1962

Edwards

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.....

W. E. Morris

Licensed Embalmer No.

3360

P. O. Address.....

2623 Cherokee

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.