

FILED FEB 4 1943

318

Registration District No. ....

1003

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute City Hospital #13  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3200 Montgomery-Ozanam Shel-  
(If rural, give location) ter  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Henry Theobald

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased. April 5th 1873  
(Month) (Day) (Year)

8. AGE: 69 Years Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Iron Molder

11. Industry or business.....

MOTHER FATHER { 12. Name John Thebald  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Kugler

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

16. (a) Informant Mr. Fred Retz  
(b) Address 805 LeMay Ferry Rd. LeMay Mo.

17. (a) Burial (b) Date thereof 1/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister  
(b) Address 4016 Chippewa St.

19. (a) JAN 28 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th  
year 1943 hour 9:10 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..... Coronary Thrombosis;  
Chronic Myocarditis and Chronic  
Interstitial Nephritis.

Due to.....

Due to.....

Other conditions.....  
(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 James J. Fitzpatrick (M.D. or other)  
Address 1809 1/2 York Date signed 1/28/43

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

1.EC-25

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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

*Ernest W. Spillers*

Licensed Embalmer No.

*4080*

P. O. Address

*3747 Dunhill*

**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.**