

FILED FEB 2 1943

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5806 So. Kingshighway Blvd.
(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: **000**

(a) State **MO.** (b) County..... **11**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **92**

(d) Street No. **5806 So. Kingshighway Blvd.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Oswald Thumser**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **498-09-0350**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Late Minnie Thumser**

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

7. Birth date of deceased **Oct. 12th 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	11	hr. min.

9. Birthplace **Eger Bohemia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Musician**

11. Industry or business **retired 12 Yrs**

12. Name **Andrew Thumser**

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

14. Maiden name **Magdalena Unknown**

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

16. (a) Informant **Mrs. John W. Rink**

(b) Address **5806 So. Kingshighway Blvd.**

17. (a) **Burial** (b) Date thereof **1-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **JAN 26 1943** (b) **J. F. Predeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **23rd**
year **1943** hour **8:35** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 22, 1929** to **Jan 23, 1943**
that I last saw him alive on **Jan 23, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerosis**

Due to.....

Due to.....

Other conditions **Chr. Myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. X 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 **J. Mockop M.D.** (M. D. or other)
Address **3554 VICTOR ST.** Date signed **1/25/43**

Duration
many years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

3354 Victoria St
5-6
Haos-10

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..... *Edwin M. Herriott*

Licensed Embalmer No. *3024*

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.