DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1068
404

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

000
17
71

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8605A South Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Theurer

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 widowed

6. (b) Name of husband or wife John Theurer

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

7. Birth date of deceased August (Month) 1 (Day) 1880 (Year)

8. AGE: Years 63 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Unknown Hooper

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

14. Maiden name Elizabeth--Unknown

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

16. (a) Informant William J. Theurer--Son

(b) Address 3640 California Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1--15-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery,

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JAN 14 1944 (Date received local registrar) (b) J. F. Broadway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1944 hour 6:25 minute P M.

21. I hereby certify that I attended the deceased from November 13 1943 to January 12 1944 that I last saw her alive on January 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and arteriosclerotic cardiovascular disease. — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none.

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 Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue Date signed 1/13/44

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

Paul A. Shanklin ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 7514 So. Bdwy

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

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