V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31841

Primary Registration District No. 6076

Registrar's No. 1915

1. PLACE OF DEATH:

(a) County of St. Louis, Missouri

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home
(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 Missouri (b) County 001

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

(d) Street No. 3622 Dover
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------

3. (a) PRINT FULL NAME Mary Alice Thym

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 single

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

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

7. Birth date of deceased July (Month) 20 (Day) 1944 (Year)

8. AGE: Years | Months 1 | Days 25 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Louis J. Thym
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruth Ann Laue
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Louis J. Thym
(b) Address 3622 Dover, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9--16-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary,
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) SEP 16 1944 (Date received local registrar) (b) E. G. McGauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th year 1944 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from July 20, 1944, to Sept 14, 1944; that I last saw her alive on Sept 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Rionsho pneumonia

Due to .....

Due to Mongolian idiot.

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

23. Signature Eugene Wood (M. D. or other)
Address 3328 S Grand Date signed 9/15/44

(Licensed Embalmer's Statement on Reverse Side)

Reg. 3507 Potomac. -- Gr-1883

Office--462 N. Taylor--Je 2110

Dr. E. A. Vogel
3325 So. Grand
Pr. 0549 - 2-4 P.M. FRIDAY
7-8 P.M.

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 Louis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.