

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3222

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution: Mount St. Rose Sanitarium
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town St. Jacob
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Anna E. Thurnau
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edgar Thurnau 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 31 1896

8. AGE: Years Months Days If less than one day
50 5 2 hr. _____ min.

9. Birthplace St. Jacob Illinois

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name T. J. Virgin
13. Birthplace St. Jacob Illinois
14. Maiden name Dorothy Thane
15. Birthplace Germany

16. (a) Informant Edgar A. Thurnau
(b) Address St. Jacob, Ill.

17. (a) Removal (b) Date thereof 11-4-46
(c) Place: burial or cremation St. Jacob, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 11-5-46 (b) Albert H. Hoppe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 2
year 1946 hour 11 minute 12 P. M.
21. I hereby certify that I attended the deceased from Aug 19
1 1946 to Nov. 2 1946
that I last saw her alive on Nov. 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Far adv. Pulmonary Tbc.
Tuberculosis Meningitis
Due to Enteritis

Due to 136
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Masses Admits M.D. (M. D. or other) _____
Address 9101 So. Broadway Date signed 11/3/46

Duration 2 1/2 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

JUL 17 1942

DEC 2 1942

NO EMBALM

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.....

Licensed Embalmer No.....

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.