

S. No. 2
M-5-43
5-17-39
I X36671

Registration District No. 318

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:
DePaul Hospital
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4234a Beck Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Telthorst

3. (b) If veteran, name war. 0 3. (c) Social Security No. 0

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 December 2 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 19 hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Vernon Telthorst

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Scharfenberger

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon Telthorst

(b) Address 4234a Beck Ave.

17. (a) Burial (b) Date thereof 1/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JAN 23 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st
year 1947 hour 3 pm minute _____ M.

21. I hereby certify that I attended the deceased from Jan 3 1947
to Jan 21 1947
that I last saw him alive on Jan 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Aspirated milk into lungs. 57 12624 hrs.

Due to _____

Due to _____
Other conditions Pyloric stenosis
(Include pregnancy within 6 months of death)

Major findings: pyloric stenosis
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) (Means of injury)

23. Signature [Signature] (M. D. or other) _____

Address 3701 Washington Date signed 1/21/47

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

MOTHER FATHER

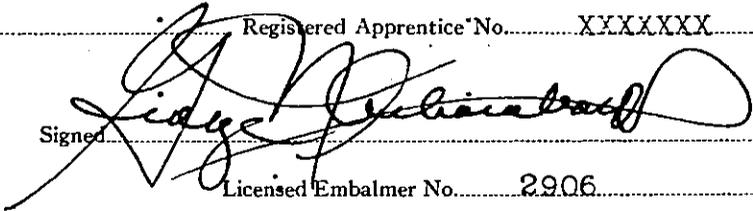
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....George N. Archambault..... Registered Apprentice No..... XXXXXXXX
working under my personal supervision.

Signed.....



Licensed Embalmer No..... 2906.....

P. O. Address..... 7128 Michigan Ave......

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.