S. No. 300
v. 10-48

FILED OCT 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36019

State File No. .....

BIRTH NO. [redacted] REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3475

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ALLENTON Mo
c. LENGTH OF STAY (in this place) YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ROUTE 1 Box 160

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ALLENTON 4710
d. STREET ADDRESS (If rural, give location) ROUTE 1 Box 160

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) F. c. (Last) THEOBALD

4. DATE OF DEATH (Month) OCT. (Day) 20 (Year) 1951

5. SEX Male
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH JAN. 15 1911
9. AGE (In years last birthday) 40 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOSEPH THEOBALD
13b. MOTHER'S MAIDEN NAME ROSA PASSMAN
14. NAME OF ~~HUSBAND~~ OR WIFE PATRICIA THEOBALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-03-6120
17. INFORMANT'S SIGNATURE OR NAME PATRICIA THEOBALD ADDRESS 3151 CALIFORNIA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7955
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Herbert R. Domke (Degree or title) Local Registrar, Vital Statistics Dept.
23b. ADDRESS 651 S. Brentwood, Clayton, Mo.
23c. DATE SIGNED 10-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE OCT. 23 1951
24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.
24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. 10-22-51
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 ADDRESS Gravois

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed James C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Graves

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.