No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40789

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9962

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2139
d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St.

3. NAME OF DECEASED (Type or Print)
a. (First) TUSNELDA
b. (Middle)
c. (Last) THEURER

4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9
8. DATE OF BIRTH June 10 1896
9. AGE (In years last birthday) 56 — 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) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 10
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Charles H. Theurer
13b. MOTHER'S MAIDEN NAME Augusta Wendel
14. NAME OF HUSBAND OR WIFE Single

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.
17. INFORMANT'S SIGNATURE OR NAME Albert Theurer — ADDRESS 4088 Bowen

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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 yrx

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 584X

22. *I hereby certify that I attended the deceased from* Jan. 1, 1945, *to* Oct. 28, 1952, *that I last saw the deceased alive on* Oct. 28, 1952, *and that death occurred at* 4:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Jack R. Kidelman MD
23b. ADDRESS 5400 Arsenal St.
23c. DATE SIGNED 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 10/31/52
24c. NAME OF CEMETERY OR CREMATORY St Paul Church yard
24d. LOCATION (City, town, or county) St Louis Co. (State)

DATE REC'D BY LOCAL REG. OCT 29 1952
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE John L. Zeppelin
ADDRESS 7027 Graves Av

(Licensed Embalmer's Statement on Reverse Side)

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 C P Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 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.