

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **6790**

**FILED MAR 1 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **310**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>	
c. LENGTH OF STAY (in this place) <b>10 Years</b>		d. STREET ADDRESS (If rural, give location) <b>1100 Bellevue Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sister</b>	b. (Middle) <b>Mary Engelberta</b>	c. (Last) <b>Thewes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3 1955</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug. 29, 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Member in Religion</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Mary's Hosp</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hubert Thewes</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalen Himperich</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sister M. Francine, S.S.M.</b>	ADDRESS <b>1100 Bellevue</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		<b>9 hrs</b>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>paralysis Cerebral hemorrhage with rt. side tension</b> DUE TO (c) <b>Cardiovascular disease with hyper-</b>		<b>9-2-54</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>20 yrs.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>no</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 17th, 1952**, to **Feb. 3, 1955**, that I last saw the deceased alive on **2-3-55**, 19\_\_, and that death occurred at **6:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James P. Had [Signature]</b>	23b. ADDRESS <b>Missouri Theatre Building</b>	23c. DATE SIGNED <b>2-4-55</b>
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24a. REMOVAL	24b. DATE <b>Feb 7-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-6-55</b>	REGISTRAR'S SIGNATURE <b>Hubert P. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. [Signature]</b>	ADDRESS <b>6536 Clayton Rd</b>
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320 (Licensed Embalmer's Statement on Reverse Side) **Rich 74617 Mo**

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

No. 300  
10-48

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

*John D. Kennehy*

Licensed Embalmer No. *7197*

P. O. Address *St. Louis Mo*

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.