MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16323

File No. 4199

Registered No.

1. PLACE OF DEATH

County

Township

City ST. LOUIS (No. 4139 Walsh St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Katie Thieme

(a) Residence. No. 25 Wallbridge Rd. Hartford Conn. 15 Hartford Conn
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto C. Thieme

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21st. 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	0	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER William Wehr

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY)

14. INFORMANT Otto Thieme
(Address) 25 Wallbridge Rd. Hartford Conn

15. FILED MAY - 4 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2nd 1927

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1927, to May 2, 1927 that I last saw her alive on May 2, 1927 and that death occurred, on the date stated above, at 7 15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Nephritis Chronic Interstitial

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) yrs. mos. ds. Unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) John C Cornell, M.D

May 3, 1927 (Address) 5006 A Morganford Rd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo. Crematory

DATE OF BURIAL May 5th 1927

20. UNDERTAKER Wm Schumacher

ADDRESS 3013 Meramec

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD