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

Do not use this space.

10314

1. PLACE OF DEATH
County St. Charles — Registration District No. 759 — File No.
Township Callaway — Primary Registration District No. 6000 — Registered No. 7
City (No. St. Ward)

2. FULL NAME Ernst Hy. Theilmann
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Hy. Theilmann nee Kamphoefner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20-'64

7. AGE: 63 YEARS, 3 MONTHS, 18 DAYS — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): New Melle, Mo.

PARENTS
10. NAME OF FATHER: Henry Theilmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Florentina Schwede
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): Alfred Theilmann, New Melle Mo.

15. FILED 3-19, 1928 O. A. Mulm REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18- 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1928, to March 18-, 1928, that I last saw him alive on March 18-, 1928, and that death occurred, on the date stated above, at 10:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Heart Failure

11 B
11 B (duration) yrs. mos. 4 hrs.

CONTRIBUTORY (SECONDARY): Pleuritis, Influenza (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) O. A. Mulm, M. D
3-19, 1928 (Address) New Melle Mo.

*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: New Melle Mo. — DATE OF BURIAL: 3-22 1928

20. UNDERTAKER: Claude E. McEdling — ADDRESS: New Melle Mo.

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.