

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

Do not use this space.

14018

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.
 City..... *En route to City Hospital* Registered No. **3332** St. Ward)

2. FULL NAME

George Thimm
 (a) Residence. No. **27034 N. 21** St., **26** Ward. (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 <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>11-9-1881</i> | | | | |
| 7. AGE | YEARS <i>48</i> | MONTHS <i>14</i> | DAYS <i>23</i> | If LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Range maker</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | | | |

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

PARENTS

| |
|--|
| 10. NAME OF FATHER <i>August Thimm</i> |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Germany</i> (STATE OR COUNTRY) |
| 12. MAIDEN NAME OF MOTHER <i>Markinow</i> |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Germany</i> (STATE OR COUNTRY) |

14. INFORMANT *John Thimm*
 (Address) *3826 Adams Ave*

15. FILED *May 21 1930*
 REGISTRAR *May C. Starker*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4/2 1930*
 17. *No Physician in attendance*
 I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on..... and that death occurred, on the date stated above, at..... *12:00 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subleic Acid Poisoning
(self administered) at 5
members of
11:30 (duration) yrs..... mos..... ds.
 CONTRIBUTORY (SECONDARY) *Suicide*
 (duration) yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
9/16/29
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? *No.*
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *W. H. Burley* M.D.
4/7/30 (Address) *City, 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 <i>Calvary Cem</i> | DATE OF BURIAL <i>4/4 1930</i> |
| 20. UNDERTAKER <i>W. A. Stockmud</i> | ADDRESS <i>2117 E. Grand</i> |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

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