

7370 Manchester Co.

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

Do not stamp this space  
20669  
~~20767~~  
File No. \_\_\_\_\_  
Registered No. 5451  
\_\_\_\_\_ Ward

1. PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis

Registration District No. 1003  
Primary Registration District No. \_\_\_\_\_  
(No. Mo. Baptist Hospital)

2. FULL NAME Louis Jack Thieman

(a) Residence. No. 3828 1/2 Humphrey St. - 16 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2 - 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

37

2

1 Day

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman

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

(c) Name of employer A J Brock

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Richard Thieman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Josephine Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14. INFORMANT Josephine Thieman

(Address) 3828 1/2 Humphrey St

15. FILED 1930

19 30

W. C. Starbuck  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1930 to June 4, 1930 that I last saw h. alive on June 9, 1930 and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Multiple lung abscesses non tubercular, following broncho pneumonia

117 A (duration) yrs. 1 mos. ds.

117 B Operation for perforated gastric ulcer (SECONDARY) 117 B (duration) yrs. 1 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT A PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 29, 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray

(Signed) G O Breckenridge M. D.

June 4 1930 (Address) Maplewood 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

DATE OF BURIAL

St Peter - Paul County June 6 1930

20. UNDERTAKER

ADDRESS

J H Gebken - 2nd Care 3000  
St. Louis

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.

