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.

APR 29 1932

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

Do not use this space.

10042

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1170 — File No.

7 Township A — Primary Registration District No. 6248 H — Registered No. 64

7 City Richmond Hts Mo (No. St. Mary's Hospital St. Ward)

2. FULL NAME Dr. Robert Thiel

(a) Residence. No. St. Mary's Hosp. St. Louis 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 6, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26		1	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician 21
(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): Ohio

PARENTS

10. NAME OF FATHER: John Thiel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Ida Ollberg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: John Thiel
(Address) Upper Sandusky Ohio.

15. FILED 3/23, 1932 C. L. Jenson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/22 1932

17. I HEREBY CERTIFY, That I attended deceased from 3/20/ 1932, to 3/22, 1932 that I last saw him alive on 3/22, 1931, and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mesenteric thrombosis c̄ gangrene of terminal ileum & ascending colon.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute suppurative appendicitis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? (1)
DID AN OPERATION PRECEDE DEATH? appendectomy yes. DATE OF 3/20/32
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Wm. J. Watawa, M. D
, 19 (Address) St. Mary's Hosp. St Louis.

*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: Upper Sandusky Ohio
DATE OF BURIAL: Mar 23 1932

20. UNDERTAKER: Mullen Und. Co
ADDRESS: 5165 Delmar Bl.