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.

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

Do not use this space.

40049

File No. F 5057

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. Sniderhoff Hotel 917 Oak St. Ward)

2. FULL NAME Dr. Emil Theilmann

(a) Residence, No. 917 Oak St., 2 Ward.
(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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1864

7. AGE: Years 68 — Months 10 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 213

10. Date deceased last worked at this occupation (month and year) June 4, 1931

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME John Theilmann

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

MOTHER

15. MAIDEN NAME Amelia Fehleisen

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

17. INFORMANT (ADDRESS) Willard Theilmann 4023 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE Jan. 1 1932

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 2111 East 9th

20. FILED 12/29 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 on, 1931, to Dec 28, 1932

I last saw him alive on Dec 28 on, 1932 Death is said to have occurred on the date stated above, at 11 55 A. M.

The principal cause of death and related causes of importance were as follows:

Cancer of the Colon

Date of onset

Other contributory causes of importance:

Name of operation Colostomy Date of 6-7-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Ray, M. D.

(Address) 327 Altman Bldg

JAN 10 1955