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.

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

Do not use this space.

31208

NOV 2 1935

791

1003

File No.

Registered No. 8008

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5710a E. Virginia St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mary Thies

(a) Residence, No. 5710a E. Virginia St., ~~15~~ Ward. 1 (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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (late) Henry Thies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
82	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Wm Lange

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

MOTHER

15. MAIDEN NAME Elizabeth (Unknown)

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

17. INFORMANT (ADDRESS) Fred Thies 5710a E. Virginia

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Trinity Luth. DATE 9-25 1935

19. UNDERTAKER (ADDRESS) Southern Und. Co. 6322 S. Grand

20. FILED SEP 23 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Sept 23, 1935

I last saw her alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Date of onset

Mitral Stenosis

92a

Other contributory causes of importance:

Arteriosclerosis (Senility)

Name of operation none Date of ✓

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? No

If so, specify

(Signed) Geo. W. Bader, M. D.

(Address) 5832 E. Virg.

Dr. Baden. 2-4
5832 E. Virginia