APR 17 1936

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

Do not use this space.

10069

1. PLACE OF DEATH

County Franklin — Registration District No. ~~296~~ 271 54 — File No.

Township Central — Primary Registration District No. 5413 — Registered No.

City Union R.F.D. 1 (No. R.F.D. 2, UNION Mo St. Ward)

2. FULL NAME Henry August Thias

(a) Residence, No. Union Mo R.F.D. 2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary Eliz Thias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	89	5	11	

OCCUPATION

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

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

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 Mo

FATHER

13. NAME Franz Thias

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

MOTHER

15. MAIDEN NAME Fredricka Hengelsberg

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

17. INFORMANT Rob. F. Thias Mo
(ADDRESS) R F D 2 Union Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontayne DATE Mch 23 1936

19. UNDERTAKER Wm Schumacher St Louis Mo
(ADDRESS) 3013 Meramec St. St Louis Mo.

20. FILED 4-8 1936 J. R. Marchard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1933, to 3-20 1936

I last saw him alive on 3-20 1936 Death is said to have occurred on the date stated above, at 3 P m.

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

Senility

978

Other contributory causes of importance:

Arteriosclerotic Gangrene of Extremities — Nov. 1935

Name of operation None Date of x

What test confirmed diagnosis? Physical Was there an autopsy? no

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 x

(Signed) Hm. Denny, M. D.

(Address) Union Mo

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.