APR 11 1936

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

Do not use this space.

791

12793

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2851

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Minnie Thiesen

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 24, 1887

7. AGE: YEARS 49 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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 William Thiesen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X unknown

MOTHER

15. MAIDEN NAME Matilda Lucks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X unknown

17. INFORMANT (ADDRESS): J. G. Sullivan 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions — DATE Mar. 16, 1936

19. UNDERTAKER (ADDRESS): A Kron L & U Co 2707 N Grand Blvd

20. FILED ....., 19.... J F Bredeck Registrar.

MAR 16 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1936, to March 14, 1936

I last saw her alive on March 14, 1936. Death is said to have occurred on the date stated above, at 3:45 a m.

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

Chronic myocarditis with old left hemiplegia

Date of onset

Other contributory causes of importance:

Name of operation ..... 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? .....

If so, specify .....

(Signed) C E Smith, M. D.

(Address) 5600 Arsenal St Louis Mo

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.