

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

Do not use this space.

13552

APR 25 1936

PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township Carondelet

Primary Registration District No. 6248 G

City Affton Mo

(No. 0)

File No. _____

Registered No. 117

St. _____ Ward _____

2. FULL NAME Louis H. Theiss

(a) Residence, No. Affton, Mo. St. _____ Ward _____

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Thiess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/1/1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 9 15

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

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) Affton, Mo.

13. NAME Adam Theiss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Affton, Mo.

15. MAIDEN NAME Christine Neimeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakville, Mo.

17. INFORMANT Mrs Mary Theiss
(ADDRESS) Affton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Lucas DATE 3/20/36 19

19. UNDERTAKER Kenneth W. Koch
(ADDRESS) Fenton, Mo.

20. FILED Mar. 19. 1936 W. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/7/36 1936 to 3/16/36 1936

I last saw him alive on 3-14-36 1936 Death is said to have occurred on the date stated above, at 11:37 a.m.

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

Endocarditis Acute Date of onset 3/15

Other contributory causes of importance Influenza 3/7/36

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? no

If so, specify _____

(Signed) Walter Kelly, M. D.

(Address) Affton

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.

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY