AUG 18 1936

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

Do not use this space.

28176

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 6934

City Saint Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME THIESSEN, WALTER ELMER

(a) Residence, No. 1333 W 14th St., NR Ward. DAVENPORT IOWA
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille Thiessen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1906.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary engineer
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) Iowa

FATHER

13. NAME Jens Thiessen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lucille Thiessen
(ADDRESS) 1333 W. 14th, Davenport, Iowa.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Davenport, Iowa. DATE July 12, 1936

19. UNDERTAKER Craig Undertaking Co
(ADDRESS) 4468 Washington Blvd.

20. FILED JUL 9 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1936, to 7-9-, 1936
I last saw him alive on 7-9-, 1936 Death is said to have occurred on the date stated above, at 7 00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Non Malignant	
ADENOMA of ISLET CELLS OF PANCREAS	1932
HYPERINSULINISM	

Other contributory causes of importance: 54e

Name of operation PARTIAL PANCREATECTOMY Date of 7-7-36
What test confirmed diagnosis? BLD. SUGAR Was there an autopsy? YES

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) E. M. Bricker, M. D.
(Address) Barnes Hosp.

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.