

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

Do not use this space.

MAR 5 1937

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **5333 Minerva Avenue**) St. Ward

File No. **8402**
 Registered No. **1053**

2. FULL NAME **Charles Henry Thee**

(a) Residence, No. **5333 Minerva Avenue** St. **6** Ward. (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 **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 **Mathilda Thee**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 5th, 1874**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	62	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mail Carrier**
 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) **1932**
 11. Total time (years) spent in this occupation **15 Years**

12. BIRTHPLACE (CITY OR TOWN) **Warren County, Missouri**
 (STATE OR COUNTRY)

13. NAME **Charles Thee**

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

15. MAIDEN NAME **Mary Lyles**

16. BIRTHPLACE (CITY OR TOWN) **Warren Co., Missouri**
 (STATE OR COUNTRY)

17. INFORMANT **Mathilda Thee**
 (ADDRESS) **5333 Minerva Avenue**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington, Mo.** DATE **February 14, 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 11th**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **May 1st**, 19**35** to **Feb 11**, 19**37**

I last saw h. **in** alive on **Feb 10**, 19**37** Death is said to have occurred on the date stated above, at **30** m.

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

Pulmonary Tuberculosis
 Other contributory causes of importance: **23**

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) **D. A. Thomson**, M. D.
 (Address) **31214 Grand St.**

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.

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