

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

Do not use this space.

REC'D MAR 23 1938

1. PLACE OF DEATH

County Perry
Township Perryville Mo
City Perryville Mo (No. 4396)

Registration District No. 660
Primary Registration District No. 4396

File No. 7733

Registered No. 452 St. Ward

2. FULL NAME

Edward G. Thilenius

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Thilenius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1899

7. AGE YEARS 38 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour mill grinder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) March 1933
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Missouri

13. NAME George C. Thilenius

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

15. MAIDEN NAME Charlotte Stuhldorfer

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

17. INFORMANT Theo. Thilenius (ADDRESS) Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rutherford DATE Feb 27 1938

19. UNDERTAKER Yummy & Sons (ADDRESS) Perryville Mo

20. FILED Feb 26 1938 Joel J. Jellison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1938, to Feb 25 1938. I last saw him alive on Feb 23 1938. Death is said to have occurred on the date stated above, at 4:15 A.M. The principal cause of death and related causes of importance were as follows:

Fall on concrete sidewalk
Injury to left knee (fracture)
1938
Date of onset 1-5-38

Other contributory causes of importance: Arteriosclerosis
Senility
Loss of vision for many years
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) Joel J. Jellison M. D.
(Address) Perryville Mo

Embalmed By, Wallace Young

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