

REC'D MAR 9 1939

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

6451
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297
(b) Township 1 Primary Registration District No. 3016 Registered No. 16
(c) City Washington, Mo. (d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. l ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Theodore Charles Thee.
(a) Residence, No. Boles, Mo. St. Boles, Mo.
(Usual place of abode, if no street address, write county or city) (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lottie Thee.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th, 1868.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan. 1938. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton, Missouri.

13. NAME Charles Thee.

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

15. MAIDEN NAME Marie Volgemuth.

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

17. INFORMANT (ADDRESS) Mr. Montie Thee. 1931 Arsenal St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boles, Mo. DATE Feb. 6th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Vitt, Inc. Washington, Mo.

20. FILED Feb. 4th 1939 H. D. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 1/12/39, 1939, to 2/4/39, 1939.

I last saw him alive on 2/4/39, 1939. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Chronic Myo-carditis

Date of onset

Other contributory causes of importance:

Hypertension and arterio-sclerosis

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) H. D. May, M. D. (Address) Washington, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

A. J. Heberg

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

A. J. Heberg

Licensed Embalmer No.

2387

P. O. Address

Washington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.