DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 7811

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 42142

Registrar's No. 11265

1. PLACE OF DEATH: 1033 1

(a) County

(b) City or town ST. LOUIS

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NOV. 30. TO DEC. 31, 1939 (Specify whether years, months or days)

In this community 17 YRS. 1 MO. 5 DAS.

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 7

(If outside city or town limits, write "RURAL")

(d) Street No. 4959 ASHBY AVE

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD THIEMEYER 560

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV. 26, 1922 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
17	1	5	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HIGHSCHOOL STUDENT 0

11. Industry or business

FATHER

12. Name EDWARD THIEMEYER 0

13. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

MOTHER

14. Maiden name LORETTA THIEMEYER

15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant's own signature Edward Thiemeyer

(b) Address 4959 ASHBY AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director [illegible]

(b) Address 2228 ST. LOUIS AVE

19. (a) DEC 31 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 39 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-30, 1939, to 12-31, 1939; that I last saw him alive on 12-31, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pericarditis	
Due to Rheumatic Heart Disease c Mitral & Aortic Stenosis, & Insuff.	
Due to Auricular fibrillation	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Sam Schneider (M. D. or other)

Address 216 S. Kingshighway Date signed 12-31-39

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.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles Goodhart

Licensed Embalmer No. 2777

P. O. Address.....

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

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