

No. 2
4-13-40
1-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 1003

33977
State File No. 8674

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

NOV 16 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 4549 Pope Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 4549 Pope Ave.
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Minna A. Thiele
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 21
year 1940 hour 5 minute 30 A. M.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Julius Thiele 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 26 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10
1939 to Oct 21 1940
that I last saw her alive on Oct 20 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 4 25 hr. min.

Immediate cause of death
Acute cardiac dilation 3 days
Chronic myocarditis since 1/20/39
Arteriosclerosis about 20 years
Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Unknown Steinbach
12. Name Unknown Steinbach
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minna Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: not reported
Of operations not made
Of autopsy not made
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Carl A. Koerner
(b) Address 4549 Pope Ave.
17. (a) Burial (b) Date thereof 10-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd
19. (a) 21 1940 (b) J. F. Bredich
(Date issued) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X
While at work? X (Specify type of place) (e) Means of injury X
23. Signature Wm T Hirsch (M. D. or other) MD
Address 3500 N Grand Date signed 10/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3500 N. 8th
9-9 91-2

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.....

R. R. Thompson

Registered Apprentice No. *248*

working under my personal supervision.

Signed.....

R. M. Sanford

Licensed Embalmer No. *2273*

P. O. Address.....

Spokane

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, fact should be so stated above.