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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13096

State File No.

3526

MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(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:
* Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Lina Thiesen

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Hugo Thiesen

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April, 10, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	--	13	

hr. min.

9. Birthplace Berigan, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mienke

13. Birthplace Berigan, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ulrich Thiesen

(b) Address 4406 Lafayette Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4/25/41
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Chubik and Co.

(b) Address 1722 S. Jefferson Ave.

19. (a) APP 24 1941
(Date received by local Registrar)

(b) J. T. Brudek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4406 Lafayette Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/23/41 day _____

year _____ hour 126 minute 0 M.

21. I hereby certify that I attended the deceased from 1935 to 4/23/41

that I last saw h. ex alive on 4/22/41

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Edema

Due to Hypertension

Due to Myocarditis

Other conditions Senility - Asthma

Major findings: Of operations _____

Of autopsy None

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? _____

While at work? _____

23. Signature Walter H. Miller (M. D. or other) _____

Address 2602 S. Grand Date signed 4/24/41

Duration

2 days

6 yrs.

6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No. 1591

P. O. Address 41069 Butternut

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.