

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26186  
Registrar's No. 1423

Registration District No. 784

Primary Registration District No. 1778

1. PLACE OF DEATH

(a) County St. Louis,  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7137 Washington,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7137 Washington,  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ELIZABETH THIES.

20. DATE OF DEATH: Month July day 5th  
year 1941 hour 2 minute 30 A.M.

3. (b) If veteran, none name war \_\_\_\_\_  
3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 1938 to July 1941;  
that I last saw him alive on July 5th 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Thies.  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 6th 1864  
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis.  
Senility.

8. AGE: Years 76 Months 11 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

Other conditions: old apoplexy -  
(Include pregnancy within 3 months of death)

10. Usual occupation At home

PHYSICIAN

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Fred Hettiker.  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Thies.

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

(b) Address 7137 Washington,

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

17. (a) Burial (b) Date thereof July 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Bellefontain, Cemetery

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

18. (a) Signature of funeral director C. R. Lupton & Sons.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 7233 Delmar Blvd.

While at work \_\_\_\_\_  
(Specify type of place) Means of injury \_\_\_\_\_

19. (a) JUL 5 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

(c) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Address 1607 - 21 \_\_\_\_\_ Date signed 7/8/41

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

DR. W. G. MARSHTON,  
UNIVERSITY CLUB BLDG.,  
JE-7675  
HRS. - 1 to 5 P.M.

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**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 Clarence H. Murray

Licensed Embalmer No. H 911

P. O. Address H. Peiss

**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.**