

S. No. 2  
M-9.4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 13 1942 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 5673

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community 22yrs. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Rose L. Thieme

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 31, 1890  
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Henry Breitmeier

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

14. Maiden name Louise Schuman

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

16. (a) Informant Anna Morrison  
(b) Address City Hospital Records

17. (a) Burial (b) Date thereof July 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JUL 2 1942 (b) J. F. Bredick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3558 Crittenden  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28,  
year 1942 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from June 26, 1942 to June 28, 1942;  
that I last saw her or alive on June 28, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to 50

Other conditions Carcinoma of left breast  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy.....

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? (Specify type of place) 0  
Means of Injury.....  
23. Signature John Mikasick (M. D. or other)  
Address 1515 Lafayette Avenue Date signed 6/29/42

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 *Frank J. Pinner*

Licensed Embalmer No. *7245*

P. O. Address. *St Louis 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, fact should be so stated above.**