

FILED OCT 28 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8748**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Sanitarium 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 yrs. 1mo. 8ds.**
(Specify whether years, months or days)
In this community **about 60 years**

3. (a) PRINT FULL NAME **HATTIE THIESEN**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **2 divorced, widowed**

6. (b) Name of husband or wife **William Thiesen** 6. (c) Age of husband or wife if alive **December 25, 1858**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **25** If less than one day **26** hr. min.

9. Birthplace **unknown Connecticut /**
(City, town, or county) (State or foreign country)
Housewife

10. Usual occupation **Home**

11. Industry or business **Home**
12. Name **unknown**
13. Birthplace **unknown Connecticut /**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown Connecticut /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Schultz**
(b) Address **Venice Ill.**

17. (a) **Burial** (b) Date thereof **Oct. 23, 1942**
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Shelby Funeral Home**
(b) Address **501 Madison Ave Madison Ill.**

19. (a) **OCT 22 1942** (b) **J. F. Prosser**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 13**
(c) City or town **St. Louis** **013**
(If outside city or town limits, write "RURAL")
(d) Street No. **2014 Missouri Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21,**
year **1942** hour **3:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **7-1-38**, 19... to **10-21-42**, 19...;
that I last saw him alive on **10-21-42**, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis with Myocardial Degeneration (10/15/42)**

Due to **Senility (9-14-29x)**

Due to **93**

Other conditions (Include pregnancy within 3 months of death) **93**

Major findings: Of operations **93**

Of autopsy **No**

Duration

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?.....

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Anthony K Burch** (M. D. or other) **0**
Address **5300 Arsenal** Date signed **10/24/42**

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

MOTHER FATHER

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.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address.....

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.