

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**2171**  
Do not use this space.

**FILED FEB 13 1943**

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 115  
 (b) Township Union Primary Registration District No. 4187 Registered No. 36  
 (c) City Union (d) Street No. 1 St. Mo.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 50 yrs. mo. da. (f) How long in U.S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME Robert Francis Thias  
 (a) Residence, No. Union Mo St. Mo.  
 (Usual place of abode, if no street address, write county or city) (If apartment, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Grace Avery Thias  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18th 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64      8      25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 FATHER 13. NAME Henry August Thias  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 MOTHER 15. MAIDEN NAME Elizabeth Hoeker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 17. INFORMANT Elizabeth Thias Denney  
 (ADDRESS) Union Missouri  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Union Mo. DATE 1/15 1943  
 19. FUNERAL DIRECTOR (NAME) E. F. Ottmann  
 (ADDRESS) Union Mo.  
 20. FILED 1/17/43, 19 43 Howard A. Pizer  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13th 1943  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1942, to Jan 13, 1943  
 I last saw him alive on Jan 12, 1943. Death is said to have occurred on the date stated above, at 1:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis with cardiac infarct  
 Date of onset Dec 25, 1942  
 Other contributory causes of importance: 940  
 Name of operation none Date of     
 What test confirmed diagnosis? autopsy NO  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) Frank J. Mayes, M.D., M.D.  
 (Address) 311 27th St. Washington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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..... *E. F. Olthmann* .....

Licensed Embalmer No. *1686* .....

P. O. Address *Union, 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, above space should be left blank.**