

FILED FEB 16 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 520

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 ds.
In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St. 449
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES THIES

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased July 5, 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation Attendant

11. Industry or business City Sanitarium

12. Name Charles Thies

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

14. Maiden name un Victoria French

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

16. (a) Informant Mrs. Catherine Kiefer

(b) Address 449 Wilmington Ave.,

17. (a) Burial (b) Date thereof 1-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) JAN 19 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17,
year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-1-43, 19... to 1-17-43, 19...
that I last saw h. im alive on 1-17-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarct Duration 1-17-43
Broncho Pneumonia 1-14-43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

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

23. Signature J. F. Brueck (M. D. or other)
Address 5400 Arsenal St. Date signed 1/18-43

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..... *Vincent L. Berryman*

Licensed Embalmer No. *4018*

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.