

S. No. 2  
OM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6444

FILED MAR. 6 1945  
162

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5595

Registrar's No. 1

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL ROK TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NEAR ANTONIA, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR ANTONIA, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS THIES

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPHINE THIES 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased JUNE 30 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace HANOVER, GERMANY II  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant MR. LOUIS THIES JR.

(b) Address PEVELY, Mo. R.R.

17. (a) BURIAL (b) Date thereof JAN. 21, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEM. ANTONIA, Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK, Mo.

19. (a) 1/20/45 (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18  
year 1945 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 1944 to 1-28 1945  
that I last saw him alive on 1-18 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocardiis Duration \_\_\_\_\_

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

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

Other conditions (include pregnancy within 9 months of death) Semity

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

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

Address Kimmswick, Mo. Date signed 1/19/45

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

7000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-5-45

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.....

*Arthur W. Heiligstein*

Licensed Embalmer No. 3876

P. O. Address.....

*Kammurich 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.