

FILED MAY 21 1945
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4146

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6920 Michigan
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 066

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

(d) Street No. 6920 Michigan
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lena Thielker

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1945 hour 12 minute 25 A. M.

3. (b) If veteran, name war No

3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from _____
_____ 1940 to May 8 1945
that I last saw him alive on 5/12 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

Immediate cause of death Myocarditis, Shrunken
Duration

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 3 1890
(Month) (Day) (Year)

Due to Deformans Arthritis

8. AGE: Years 55 Months 0 Days 6
If less than one day hr. _____ min. _____

Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation House Work

Major findings:
Of operations _____

11. Industry or business At Home

Of autopsy _____

12. Name Fred Thielker

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Caroline Wecke
(City, town, or county) (State or foreign country)

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

16. (a) Informant Martin Thielker

(b) Address 6920 Michigan Ave.

17. (a) Burial (b) Date thereof May 10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

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? _____

19. (a) MAY 10 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Uladis L. Tals M. D. or other _____
Address 710 Michigan Date signed _____

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.....

working under my personal supervision.

George P. Schaubert
Registered Apprentice No.

Signed

George P. Schaubert
Licensed Embalmer No. 2906

P. O. Address 7138 Michigan

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.