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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29431

FILED OCT 16 1945

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8205

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1131 Hamilton Avenue
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME PHILIP THIEMANN.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Birdie Thiemann
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 26, 1877 (Month) (Day) (Year)
8. AGE: Years 68 Months 5 Days 24 If less than one day ..... hr. ..... min.
9. Birthplace Creve Couer (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business .....
FATHER 12. Name Phillip Thiemann Sr.
FATHER 13. Birthplace Creve Couer (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Creve Couer (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Birdie Thiemann
(b) Address 1131 Hamilton Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) SEP 21 1945 (Date received local registrar) (b) J. B. Redeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1945 hour 10;25 minute A. M.
21. I hereby certify that I attended the deceased from 9/19/45, 19..., to 9/20/45, 19...; that I last saw him alive on 9/20/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic Heart Disease	
Due to	
Due to 93 d	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette 9/20/45 Signed

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Hoppe

Licensed Embalmer No. 2971

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.