

FILED MAY 27 1946
318

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at City Hospital
(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)

3. (a) PRINT FULL NAME **Paul R. Thimmig**

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

4. Sex **Male** 5. Color or **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bernice Smith** 6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **Dec 18 1916**
(Month) (Day) (Year)

8. AGE: Years **29** Months **4** Days **37** If less than one day
hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Millwright**

11. Industry or business **General Motors**

12. Name **Rudolph Thimmig**

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

14. Maiden name **Mina Gerschner**

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

16. (a) Informant **Mrs. Bernice Thimmig**

(b) Address **3536 Morgeford Rd**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-18-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Prk**

18. (a) Signature of funeral director **Wingbermuehle Funeral Home**

(b) Address **3819 S. Grand Blvd.**

19. (a) **MAY 17 1946** (b) **J. P. Bredack**
(Date of local print) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3536 Morgeford Rd.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5th** day **15th**
year **1946** hour **4:30 PM** minute **01 PM**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Electrocution when he came in contact with a power attached to a fine cord while working at the Charles Auto Plant, Kansas, National Highway, around 3:08 PM May 15 1946**

Other conditions (Include pregnancy within 3 months of death) **1937**

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **May 15 1946**
(c) Where did injury occur? **on farm** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on farm**

(Specify type of place) (e) Means of injury **9 above**

23. Signature of physician **Wingbermuehle** (M. D. or other) **3**

Address **3819 S. Grand Blvd.** Date signed **5/17/46**

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

17339

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

Delis J. Kiepin

Licensed Embalmer No.

3497

P. O. Address

1915 Sidney

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.