

No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **43030**
Registrar's No. **10794**

FILED DEC 23 1946 18
Registration District No. _____

Primary Registration District No. _____

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:
5725 Park Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 weeks years, months or days)

3. (a) PRINT FULL NAME Eska Thielson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Claus Thielson

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

7. Birth date of deceased Nov. 30, 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Seemann

{ 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 Fred J. Thielson

(b) Address 5725 Park Lane

17. (a) Removal-Rail (b) Date thereof Dec. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 17 1946 (b) J. F. Bruner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois, (b) County Cook **999**

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

(d) Street No. 1538 N. Lotus Ave.
(If rural, give location) **NR**

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13th
year 1946 hour 8:25 minute P. M.

21. I hereby certify that I attended the deceased from Nov 18, 1946 to Dec 13, 1946
that I last saw her alive on Dec 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma - left lung

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

Duration _____

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 Albert J. Matzel (M. D. or other) _____

Address 203 9 LINCOLL TRUST BLDG Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

2739 NORTH GRAND BLVD. DEC 14 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
41839

JAN 22 1997

10794

Grand Jurors

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..... *Ralph C. Lindler*
Licensed Embalmer No..... *4275*
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.