S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22703

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5722

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4496 Maryland Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thiebes, Arthur C.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Elizabeth Thiebes
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1860 (Year)

8. AGE: Years 86 Months 10 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Thiebes Piano Co.
FATHER 12. Name D. Know Thiebes
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont Know
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Andres J. Moore
(b) Address 5475 Cabanne Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) JUN 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1947 hour 9 minute 18 A. M.

21. I hereby certify that I attended the deceased from June 7, 1940, to June 9, 1947 that I last saw him alive on June 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Occlusion of Coronary Artery	1 day
Due to: Arteriosclerotic Heart Disease	Uncertain
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) O
While at work? (e) Means of injury

23. Signature L. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Blvd. Date signed 6/9/47

Jefferson City Printing Co. (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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.