S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26127

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6909

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: City Hospital
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6503 Minnesota Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME FRED THIES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. (Month) 17th (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
51 ~~52~~	10	7	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Retired

FATHER
12. Name Henry Thies
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lange
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Thies
(b) Address 6503 Minnesota Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-47 (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.

19. (a) JUL 24 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1947 hour 12:10 minute A M.

21. I hereby certify that I attended the deceased from 5/12/47, 19..., to July 24th, 1947 that I last saw him alive on July 24th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hodgkin's Disease	1½ yr
Due to	
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)
While at work? (e) Means of injury

23. Signature Joseph E. Flynn M.D. (M. D. or other)
Address 1515 Lafayette Date signed 7/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Emb separate cert filed

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. Emb. cert filed separately

Signed.....

Licensed Embalmer No.....

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.