No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36327

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9653

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

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: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4406 Lafayette Ave. 7
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hugo A. J. Thiesen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife

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

7. Birth date of deceased February 21. 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	7	25	hr. min.

9. Birthplace Germany 7
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business

FATHER
12. Name August Thiesen
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ulrich Thiesen
(b) Address 4445 DeTonty St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/47
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director [signature]
(b) Address 3013 Meramec St.

19. (a) OCT 17 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1947 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10-47, 19, to Oct 16, 1947
that I last saw him alive on Oct 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchs. Pneumonia

Due to

Due to Cholecystitis

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

Major findings: Of operations Diseased Gall Bladder with Stones
Of autopsy above

Duration

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 [signature] (M. D. or other)

Address 539 N Grand Date signed 10/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. A. Hill
539 N. Grand
1-4 P.M.

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 Francis Hillsamson

Licensed Embalmer No. 3565

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.