S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 43873

Registration District No. 217 — Primary Registration District No. 6076 — Registrar's No. 2731

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town Bel-Nor (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8268 Glen Echo Dr. (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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis 96
(c) City or town Bel-Nor (If outside city or town limits, write "RURAL") 0
(d) Street No. 8268 Glen Echo Dr. (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME William Thiebe
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Thiebe
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Aug. (Month) 26 (Day) 1871 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 4 | 4 | ..... hr. ..... min. |

9. Birthplace ..... (City, town, or county) Germany (State or foreign country)
10. Usual occupation Machine Oerator
11. Industry or business Retired
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Bertha Thiebe
(b) Address 8268 Glen Echo Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd
19. (a) 12-31-47 (Date received local registrar) (b) Earl C. Shaw MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 30 year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1, 1947 to Dec 29, 1947 that I last saw h. 1M alive on Dec 29, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Carcinoma of left lung | 6 mo |
| Due to 47 d | |
| Due to | |
| Other conditions Bronchial Asthma (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) D
While at work? ..... (e) Means of injury .....

23. Signature Robt C McElvain (M. D. or other) MD
Address 4356 Warne Date signed 12/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1 To 5

JAN 12 1948

## 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.....Albert R. Thompson Jr

Licensed Embalmer No.....4237

P. O. Address.....St Louis

**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.**