DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24789

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6417

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: 3418 UTAH ST
(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: 0-00

(a) State MO (b) County 17

(c) City or town ST LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3418 UTAH ST 0
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ROBERT C THIELE

3. (b) If veteran, name war

3. (c) Social Security No. 490-14-8273

4. Sex NALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT (Month) 3 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	15	hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation CIGAR PACKER

11. Industry or business RETIRED

FATHER
12. Name JULIUS THIELE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Thiele
(b) Address 3418 Utah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY 21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director Wm. J. Robert L. & N. Co
(b) Address 1905 So. GRAND BLVD

19. (a) JUL 20 1948 (Date received local registrar) (b) J. F. Brodack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18th
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 15th, 1947, to July 18th, 1948
that I last saw him alive on July 17, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	unknown
Due to	
Due to	
Other conditions Gangrene left leg (Diabetic) (Include pregnancy within 3 months of death)	8 mo

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. H. Steinmann (M. D. or other)
Address 5428a Magnolia Date signed 7/19/48

(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 J Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.