

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34817

State File No. _____

42
9
3

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1200 North Fifth Street	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Paul c. (Last) Theissen			4. DATE OF DEATH (Month) (Day) (Year) October 2 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 27, 1890
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction work		10b. KIND OF BUSINESS OR INDUSTRY M.K.T. RR	11. BIRTHPLACE (State or foreign country) Rhineland, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Rudolph Theissen		13b. MOTHER'S MAIDEN NAME Frances Struttman	14. NAME OF HUSBAND OR WIFE Elizabeth (Grotewell)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-22-2931	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Paul Theissen-St. Charles, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalised DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Oct 1, 1949 , to Oct 3, 1949 , that I last saw the deceased alive on Oct 3, 1949 , and that death occurred at 5:30 P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Don J. Randall M.D.		23b. ADDRESS 207 N. 5th St. Charles, Mo.	23c. DATE SIGNED Oct 3, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 5-1949	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles Missouri
DATE REC'D BY LOCAL REG. 10/6/49	REGISTRAR'S SIGNATURE Francis Heunzel	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. P. Dillmeyer & Sons Co. 800 N. 2nd - St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9,

RECEIVED OCT 17 1949

JAN 31 1950

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 4189

Student Embalmer No. 4189

working under my personal supervision.

Student [Signature]
Student Embalmer

Signed Joseph F. Lonsky
Licensed Embalmer No. 4189

P. O. Address St Charles 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.