

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1950

State File No. 3089  
Registrar's No. 873

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3089		Registrar's No. 873					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 519A									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 18 4320a Chouteau Ave.				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4320a Chouteau Ave.				3. NAME OF DECEASED a. (First) PAULINE		b. (Middle) THILL		c. (Last) THILL		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Sep't. 4, 1872		9. AGE (in years last birthday) 77		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Switzerland 5			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Late Henry N. Thill					
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) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry N. Thill 4320a Chouteau Ave.									
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) B-3 TX								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____								
22. I hereby certify that I attended the deceased from <u>Jan 19 35</u> to <u>1-25</u> , 19 <u>50</u> that I last saw the deceased alive on <u>1-25</u> , 19 <u>50</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Joseph J. Kessler, M.D.</u>				23b. ADDRESS <u>3504 719th</u>				23c. DATE SIGNED <u>1-27-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. No.</u>						
DATE REC'D BY LOCAL REG. <u>JAN 27 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.