

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18712

State File No. 4806

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5534 Delor St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149 d. STREET ADDRESS (If rural, give location) 5534 Delor St. 0		
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) J. c. (Last) THOEBES		4. DATE OF DEATH (Month) (Day) (Year) May 29 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1877	9. AGE (In years last birthday) 73 If under 1 year: Months _____ Days _____ If under 12 months: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewmaster-Columbia-Alpen Brau		10b. KIND OF BUSINESS OR INDUSTRY Alpen Brau	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? 0				
13a. FATHER'S NAME John Thoeses		13b. MOTHER'S MAIDEN NAME Eva Unknown		14. NAME OF HUSBAND OR WIFE Minnie Thoeses
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-09-6877		17. INFORMANT'S SIGNATURE OR NAME Minnie Thoeses
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 Day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Type Myocarditis 4 1/2 years DUE TO Arterio Sclerotic Heart Disease 4 1/2 years 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200
22. I hereby certify that I attended the deceased from Nov 6 1874 to May 29 1950 , that I last saw the deceased alive on May 9 1950 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE P. S. Meigel (Degree or title) M. D.		23b. ADDRESS 4101 No. Taylor		23c. DATE SIGNED 5/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jun. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.		
DATE REC'D BY LOCAL REG. MAY 31 1950		REGISTRAR'S SIGNATURE J. B. Parson		

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

No. 12345

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

Edwin A. M. Terrell

Signed.....
Student Embalmer

Licensed Embalmer No. 3024

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.