7.S. No. 300
Rev. 10.48

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

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28728

State File No. 7372

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 5370 PERSHING AVE

2129

3. NAME OF DECEASED (Type or Print)
a. (First): MAX
b. (Middle):
c. (Last): THIELE

4. DATE OF DEATH (Month) (Day) (Year): AUG 28, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-4-1867
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SUPERVISOR
10b. KIND OF BUSINESS OR INDUSTRY: CITY WATER DEPT — U.S. WAR DEPT
11. BIRTHPLACE (State or foreign country): St Louis MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Julius Thiele
13b. MOTHER'S MAIDEN NAME: Clara Lauckner
14. NAME OF HUSBAND OR WIFE: Elizabeth Thiele
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ethel Thiele — ADDRESS: 5370 Pershing

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. 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): General Arteriosclerosis — years

DUE TO (c):

II. 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 ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: N/A

22. *I hereby certify that I attended the deceased from* Aug 17, 1950, *to* Aug 28, 1950, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: A M Drake (Degree or title): MD
23b. ADDRESS: 3701 Grandel Ave
23c. DATE SIGNED: Aug 29 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 31, 1950
24c. NAME OF CEMETERY OR CREMATORY: VALHALLA CEMETERY
24d. LOCATION (City, town, or county) (State): St Louis County, Mo

DATE REC'D BY LOCAL REG.: AUG 29 1950
REGISTRAR'S SIGNATURE: J. B. Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE: A. Krou L & U. Co — ADDRESS: 2707 N. Grand

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Gustav W. Dietel

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No. 28728-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7372

On this 7th day of September, 1950, before me appears August Kron Jr ~~XXXXXXXXXX~~ X, who, upon his oath, states that the original record of ~~XXXXX~~ death for Max Thiele, died ~~XXX~~ Aug. 28, 1950, 19..., in the State of Missouri, and which was filed at St. Louis, Mo. on 8-29-, 1950, should be corrected as follows:

Item No. 10b should read City Water Dept.
Instead of US. War Dept.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X August Kron Jr Funeral Director
Relationship.

2707 N. Grand Blvd.
Present Address.

Subscribed and sworn to before me this 8th day of Sept., 1950

My Commission expires July 2, 1954 Lucille D. Hoffman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
50M—4-43
1 X36667