

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42916**  
Registrar's No. **11326**

|   |                               |  |   |   |   |   |  |
|---|-------------------------------|--|---|---|---|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>11326</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                               | c. LENGTH OF STAY (In this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |   | 2159  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4338 Michigan Av.</b>   |                               |  |   | d. STREET ADDRESS (If rural, give location) <b>4338 Michigan Av.</b>  |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b>  |                               | b. (Middle) <b>H.</b>  |   | c. (Last) <b>Thele</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 31, 1950</b>     |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>May 16, 1876</b>                            |   | 9. AGE (In years last birthday) <b>74</b>                                       | IF UNDER 1 YEAR Months _____ Days _____                               | IF UNDER 1 HR. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor (retired 4yrs)</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service Co.</b>  |   | 11. BIRTHPLACE (State or foreign country) <b>Bollinger County, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                            |  |
| 13a. FATHER'S NAME <b>Herman Thele,</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Vernadina Fischer.</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Tessie A. Thele</b>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>  |                               | 16. SOCIAL SECURITY NO. <b>694-01-0168</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Tessie A. Thele 4338 Michigan Av.</b>  |   |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Carcinoma</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>1998</b> |   |   |   | INTERVAL BETWEEN ONSET AND DEATH                                      |  |
| 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>St. Louis Mo</b>   |   |   |  |
| 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? <b>JP</b>  |   |   |  |
| 22. I hereby certify that I attended the deceased from <b>1/1</b> , 19 <b>50</b> , to <b>1/31</b> , 19 <b>50</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:30P.</b> m., from the causes and on the date stated above. |                               |  |   |   |   |   |  |
| 23a. SIGNATURE <b>Robert C. Grace M.D.</b> (Degree or title)  |                               |  |   | 23b. ADDRESS <b>3702 Gravois</b>  |   | 23c. DATE SIGNED <b>1/2-51</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 24b. DATE <b>Jan. 4, 1951</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b> |   | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b> |   |  |
| DATE REC'D BY LOCAL REG. <b>JAN 3 1951</b>  |                               | REGISTRAR'S SIGNATURE <b>J B Lavater</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St.</b>   |   |   |  |

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 Me

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Joe B. Benz*

Signed.....

Student Embalmer

Licensed Embalmer No. 4249

2842 Meramec St.

P. O. Address St. Louis, 18-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.