

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24166

State File No.

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY: <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES RURAL</u>	c. LENGTH OF STAY (in this place) township) <u>2 MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AFTON</u> <u>4830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMANUEL HOME</u>		d. STREET ADDRESS (If rural, give location) <u>9905 COVENTRY LANE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORIS</u> b. (Middle) <u>JANE</u> c. (Last) <u>THIELE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 6, 1951.</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEBRUARY 23, 1928</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>23</u> <u>5</u> <u>13</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>
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13a. FATHER'S NAME <u>RICHARD J. THIELE</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES LOEFFELMAN</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Therophil Stoerker</u> ADDRESS <u>ST. CHARLES, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
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1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized spastic Paralysis life</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
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19a. DATE OF OPERATION <u>na</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>na</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from June 6th, 1951, to August 6th, 1951, that I last saw the deceased alive on Aug 3rd, 1951, and that death occurred at 9:34 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. V. Ertek Schuch MD</u> (Degree or title)	23b. ADDRESS <u>St. Charles Mo.</u>	23c. DATE SIGNED <u>8/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Aug 8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>3211 Sublette - St. Louis 9 Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-51</u>	REGISTRAR'S SIGNATURE <u>Hannie Hamlet</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenheim Brothers</u> ADDRESS <u>6489 Broadway St. Louis 16</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 27 1951

File No. _____
DISTRICT HEALTH OFFICE NO. 4

AUG 13 1951

RECEIVED

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

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.