

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26953
6420

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6420		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) pyr 5mo. 19 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Richmond Heights				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St				
3. NAME OF DECEASED (Type or Print) a. (First) Edward			b. (Middle) _____			c. (Last) Thierry.		
4. DATE OF DEATH (Month) (Day) (Year) June 26, 1953		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		
8. DATE OF BIRTH Jan. II, 1889		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Month Day 5 15		IF UNDER 12 HRS. Hour Min. 0 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Edward Thierry Sr.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen M. Thierry 7542 Lovella.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized arteriosclerosis with cerebral and cardiac syndrome								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____								
ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>								
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500				
22. I hereby certify that I attended the deceased from Jan. 7, 1947 , to June 26, 1953 , that I last saw the deceased alive on June 26, 1953 , and that death occurred at 11:41 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Palmer Avenue Bowditch M.D.				23b. ADDRESS 5800 Arsenal St		23c. DATE SIGNED 6-27-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 29 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Bocklage		ADDRESS 6536 Clayton Rd.		
(Licensed Embalmer's Statement on Reverse Side)								

WAYNE LEANER - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

2084

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 with the above constitutes grounds for revocation of license.)

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