

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

590

State File No.

20681

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| BIRTH NO. | | REG. DIST. NO. <u>317</u> | PRIMARY REG. DIST. NO. <u>500</u> | Registrar's No. <u>1365</u> |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u> | | c. CITY OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (In this place) <u>28 Mon.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>3800 Shenandoah Ave. 2179</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>M.</u> c. (Last) <u>THIAS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1955</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>June 6, 1875</u> | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>80</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Filing Clerk-International Shoe Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Fred H. Thias</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>Charlotte Godt</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 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>489-01-2619</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie Thias 3800 Shenandoah Ave.</u> |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic, Cardiovascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND 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) <u>4201</u> |
| 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? |
| 22. I hereby certify that I attended the deceased from <u>March 22, 1955</u> , to <u>June 13, 1955</u> , that I last saw the deceased alive on <u>June 13, 1955</u> , and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u> | | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> | | 23c. DATE SIGNED <u>6-14-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jun. 15, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u> | | |
| DATE REC'D BY LOCAL REG. <u>6/19/55</u> | | REGISTRAR'S SIGNATURE <u>Herbert C. Danke MD</u> | | |

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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