

XC-16 1959 701

Reg. #8828

SL #1402

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31567**  
Registrar's No. **7588**

BIRTH NO. **FILED OCT 3 - 1955** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>89 days</b>		c. CITY OR TOWN <b>Mehlville 1850</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		STREET ADDRESS (If rural, give location) <b>Box 529, Becker Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b>		b. (Middle) <b>E.</b>		c. (Last) <b>THIERATH</b>	
4. DATE OF DEATH <b>August 29, 1955</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>3/9/94</b>		9. AGE (In years last birthday) <b>61 yrs.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Belleville, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Conrad Thierath</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Wordel</b>	
14. NAME OF HUSBAND OR WIFE <b>Frances Thierath</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>498 12 8103</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records</b>		17. ADDRESS <b>915 N. Grand, St. Louis, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
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) <b>GENERALIZED CARCINOMATOSIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PRIMARY SIGMOID POST-OPERATIVE, WITH METASTASES TO LIVER, ABDOMINAL LYMPH NODES AND COLOSTOMY AND ANTERIOR CHEST WALL</b> DUE TO (c) <b>AND TO BOTH INGUINAL AREAS</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>10-8-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Biopsy of Inguinal Nodes</b>		20. AUTOPSY? YES <input checked="" 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)	
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?	
22. I hereby certify that I attended the deceased from <b>6-1-55</b> , 19, to <b>8-29-55</b> , 19, and that death occurred at <b>3:05 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Jean L. Bolduc</b>		(Degree or title) <b>VA Hospital</b>		23c. DATE SIGNED <b>8-29-55</b>	
23b. ADDRESS <b>M.D. 915 N. Grand, St. Louis, Mo.</b>		24a. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24b. LOCATION (City, town, or county) (State) <b>Jefferson Bks, Mo.</b>	
24c. DATE REC'D BY LOCAL REG. <b>AUG 30 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b>	
25. ADDRESS <b>7027 Gravois</b>		(Licensed Embalmer's Statement on Reverse Side)			

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

0.300  
0.48

→ 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.....  
*Ronald E. Biny*

Licensed Embalmer No. *485*

P. O. Address *7027*

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.