Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

STATE FILE NUMBER 34225

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8801

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2031a So. 3rd St. — Length of stay in Ib: 01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2031a So. 3rd St. — Reside on Farm Yes ☐ No X

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3. NAME OF DECEASED (Type or print): First Henry Middle W. Last Thies

4. DATE OF DEATH: Month Sept. Day 17 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan. 7, 1886

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (retired) Huckster

10b. KIND OF BUSINESS OR INDUSTRY: selling mdse.

11. BIRTHPLACE (City and state or country): St.Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Thies

14. MOTHER'S MAIDEN NAME: Barbara Gutmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: 498-09-7307

17. INFORMANT: Edward Thies — Address: 4466 Beethoven

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 dys
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aortic valvular disease — 4 yrs
DUE TO (c) Cardiac cirrhosis of liver

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
4211

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1956, to Sept 1957 and last saw her/him alive on Sept 17th 1957. Death occurred at 4:00 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Theodore A. Subert MD.

22b. ADDRESS: 2000 S Broadway

22c. DATE SIGNED: Sept 19 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 20, 1957

23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: WACKER-HELDERLE — ADDRESS: 3634 Gravois Ave.

25. DATE REC'D BY LOCAL REG.: SEP 19 57

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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. (
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.