

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042615

FILED VS DEC 11 1959

211182

STATE FILE NUMBER

RECOMMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 35 yrs		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2652a Osage Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First OTTO Middle HENRY Last THOMAS				4. DATE OF DEATH Month Nov. Day 30 Year 1959											
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/8/1906		9. AGE (last birthday) 53		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oilier				10b. KIND OF BUSINESS OR INDUSTRY can manufacturing		11. BIRTHPLACE (City and state or country) St. Genevieve County Mo.		12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Walter Thomas				13b. MOTHER'S MAIDEN NAME Pauline Brielig				14. NAME OF HUSBAND OR WIFE Thelma Blatz							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 497-07-7115		17. INFORMANT Address Mrs. Thelma Thomas, 2652a Osage Street									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary artery thrombosis DUE TO (c) Arterio sclerosis heart disease Conditions, if any, which gave rise to above cause (a), (b), or (c) last.										INTERVAL BETWEEN ONSET AND DEATH 2 min. 2 min. 1 week					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 420.0								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				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 11/28/59 to 11/30/59 and last saw him alive on 11/30/59 Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Edward W. Czabinski M.D.						22b. ADDRESS 3701 Grandel St				22c. DATE SIGNED 12/4/59					
23a. REMOVAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Dec. 3, 1959		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery				23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri							
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.					25. DATE RECD. BY LOCAL REG. DEC 3 1959		26. REGISTRAR'S SIGNATURE Paul Smith, M.D. <i>P. S.</i>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Edw. Cæbrinski
3701 Grandel Sq.

no Tues.

Wed. 12:30 -

Handwritten notes:
no Tues
Wed. 12:30 -

Handwritten notes:
no Tues
Wed. 12:30 -

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 *[Signature]*

12/15/11

12/15/11

12/15/11

Licensed Embalmer No. 4520

P. O. Address St Louis, Mo

12/15/11

Handwritten notes:
no Tues
Wed. 12:30 -

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.