

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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**FILED VS JAN - 4 1960**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **211566** STATE FILE NUMBER

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                         |  | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>3511 Miami St.</b> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Joseph</b> Middle <b>F.</b> Last <b>Thiemann</b> | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>12,</b> Year <b>1959</b> |
|--|---|

|                       |                                  |   |                                    |                                     |   |                              |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/29/85</b> | 9. AGE (last birthday)<br><b>74</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|------------------------------|

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|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>merchant</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>self-employed</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Co., Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>John Thiemann</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Kraemer</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Alice L. Bailey Thiemann</b> |
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|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>unknown</b> | 17. INFORMANT<br><b>Victor L. Thiemann-3511a Miami St.</b> |
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|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>New marriage from stab wound in the abdominal cavity. Gunshot wound of left thigh</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>981x</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (List in order of importance, beginning with most important first, but not at the expense of the disease condition given in PART I (a))<br><b>Partially blind at birth</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>         | 20b. DESCRIBE HOW AND WHERE IT OCCURRED (Date, time, or month, in PART III)<br><b>Partially blind at birth</b> |
| 20c. TIME OF INJURY<br>Hour <b>8:10</b> Month, Day, Year <b>12 12 59 12 1959</b>                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (In or about home, farm, factory, etc.)<br><b>Street, about 10 pm., December</b>          |
| 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis Mo</b>   | COUNTY<br><b>St. Louis Mo</b>   | STATE<br><b>Mo</b>   |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **9:05 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Decedent or child)<br><b>Joseph F. Thiemann</b> | 22b. ADDRESS<br><b>1300 Claiborne</b> | 22c. DATE SIGNED<br><b>12/14/59</b> |
|---|---------------------------------------|-------------------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>Dec. 16, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Missouri.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Wacker-Helderle-3634 Gravois Ave.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 14 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Roan Smith, M.D.</b> |
|--|---------|--|--|

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Julius J. Krupar

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.