

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019966

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1536

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED JUN 6 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis Co.
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley Length of stay in 1b WNS.
 c. FULL NAME OF HOSPITAL OR INSTITUTION Hubbitt Nursing Home Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 9732 Nat. Bridge Rd. Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Berkeley Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 9732 Nat. Bridge Rd. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ANNA Middle THIELEN Last
 4. DATE OF DEATH Month MAY Day 30 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 4-25-1869 9. AGE (last birthday) 92 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Columbia Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Nelson Blette 13b. MOTHER'S MAIDEN NAME Katherine Summets 14. NAME OF HUSBAND OR WIFE Oscar C. Thielen (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ***** 16. SOCIAL SECURITY NO. ***** 17. INFORMANT Harry Heins 5914 Summit Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 13 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Myocarditis 2 yrs
 DUE TO (c) arterio-sclerosis
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Feb 21, 1961 to May 30, 1961 and last saw her ^{her} _{live on} May 30, 1961
 Death occurred at 10.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maurice A. Ailsh M.D. 22b. ADDRESS 9385 Page Blvd St. Louis, Mo. 22c. DATE SIGNED 6/1/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Interment 23b. DATE 4-6-2-1961 23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. 25. DATE RECD. BY LOCAL REG. 6-1-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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 *J.M. Ruster*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

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.

[Handwritten mark]