

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031466

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2181

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 1 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b 2 days
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis Inside Limits Yes No
 c. CITY OR TOWN St. Louis
 d. STREET ADDRESS (If outside, give location) 421 Antelope Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Louise Middle Thierman Last Thierman 4. DATE OF DEATH Month Aug. Day 2 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-2-1910 9. AGE (last birthday) 51 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) Cost Clerk 10b. KIND OF BUSINESS OR INDUSTRY Office 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Thierman 13b. MOTHER'S MAIDEN NAME Mary Sullivan 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Helen Thierman 421 Antelope St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) metastatic carcinoma to lungs INTERVAL BETWEEN ONSET AND DEATH Uncertain
 DUE TO (b) Carcinoma of colon 153.8 Uncertain
 DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none 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 Month, Day, Year a.m. p.m.

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 Febr 13, 1951 to Aug 2, 1961 and last saw her alive on Aug 1, 1961
 Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Oppenheimer, M.D. 22b. ADDRESS 35 W. Central Ave. Clayton, Mo. 22c. DATE SIGNED Aug 3, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 8/5/1961 23c. NAME OF CEMETERY OR CREMATORY Galvry Cemetery 23d. LOCATION (City, town, or county) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS Buchholz Mortuary 5967 W. Florissant 25. DATE RECD. BY LOCAL REG. 8-3-61 26. REGISTRAR'S SIGNATURE J. 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 Ralph C. Linders

Licensed Embalmer No. 4225

P. O. Address St. James, 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.