

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-039710

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2914

FILED OCT 24 1961

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clayton</u>                     |  | c. CITY OR TOWN <u>Clayton</u>   |  |
| Length of stay in 1b years  |  | 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 <u>162 North Central</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>162 North Central</u>  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

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|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Otto</u> Middle <u>Edward</u> Last <u>Thiele</u>                            |                                  |   | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>17</u> Year <u>1961</u> |   |  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 10, 1887</u>                                | 9. AGE (last birthday)<br><u>74</u>                                     | IF UNDER 1 YEAR<br>Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired-Traffic Clerk</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>International Shoe Co.</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis Missouri</u> |  |
| 13a. FATHER'S NAME<br><u>Albert Thiele</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Johanna Wolfes</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>                              |  |

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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) | 17. INFORMANT<br><u>Mr. Arnold E. Thiele 162 N. Central</u> | Address <u>Clayton Mo.</u> |
|--|---|----------------------------|

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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) <u>Chronic Myocarditis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 years</u>   |
| DUE TO (b) <u>Chronic Interstitial Nephritis</u>   |  |  |
| DUE TO (c) <u>Arteriosclerosis</u>   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |
|---|---|--|
| 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 INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                       |   |  |

|   |  |  |                            |                          |
|---|--|--|----------------------------|--------------------------|
| 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<br><u>Clayton</u> | COUNTY<br><u>St. Louis</u> | STATE<br><u>Missouri</u> |
| 21. I attended the deceased from <u>Sept 27th 1961</u> to <u>Oct 17th 1961</u> and last saw her/him alive on <u>Oct 16 - 1961</u><br>Death occurred at <u>2 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                            |                          |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 22a. SIGNATURE<br><u>Rush Turner</u>                          | (Degree or title)<br><u>MD</u>    | 22b. ADDRESS<br><u>2 North Euclid St. Home 8 Mo</u>                      | 22c. DATE SIGNED<br><u>Oct 17 - 1961</u>                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u> | 23b. DATE<br><u>Oct. 18, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Valhalla Cemetery Crematory</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis County Missouri.</u> |

|  |         |   |   |
|--|---------|---|---|
| 24. FUNERAL DIRECTOR<br><u>C.R. Lupton and Sons 7233 Delmar Blv'd.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>10-17-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>J. B. Murphy M.D.</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Thiele  
County Visse.

**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 Clarence H. Mu

Licensed Embalmer No. 4011

P. O. Address H. Lane

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.