# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025623

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1881 STATE FILE NUMBER

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Length of stay in 1b: 1 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 430 So Clay Av. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St Louis
c. CITY OR TOWN: Kirkwood — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 430 So Clay Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Harry — Middle: H. — Last: Theiss
4. DATE OF DEATH: Month: June — Day: 21 — Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-10-1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): St Louis Co Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF ~~HUSBAND OR~~ WIFE: Emma Theiss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: Nil
17. INFORMANT: Corianne Roedel — Address: 12351 Matthews Ld St Louis 27 Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Pulmonary Edema | 15 minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Congestive Heart Failure | 4 yrs |
| DUE TO (c) | Arterial Sclerotic Heart Disease | 4 yrs |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Aplastic Anemia Etiology Unknown

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 9/1/61 to 6/21/62 and last saw him alive on 6/21/62
Death occurred at 5 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Burnside M.D.
22b. ADDRESS: 206 W Argonne Kirkwood 22
22c. DATE SIGNED: 6/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June-23-1962
23c. NAME OF CEMETERY OR CREMATORY: New St Johns Cem.
23d. LOCATION (City, town, or county) (State): Mehlville Mo
24. FUNERAL DIRECTOR — ADDRESS: Fey Funeral Home, Mehlville
25. DATE RECD. BY LOCAL REG.: Mo 6-25-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.