

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027522

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 99

FILED AUG 6 1962

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock		c. CITY OR TOWN HILLSBORO TWPAL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY 21		d. STREET ADDRESS (If outside, give location) HILLSBORO ROUTE 2	
3. NAME OF DECEASED (Type or print) First Middle Last Harry William Thener		4. DATE OF DEATH Month Day Year 8-1-62	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER HARDWARE		10b. KIND OF BUSINESS OR INDUSTRY ST LOUIS MO	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME HENRY F. THENER		13b. MOTHER'S MAIDEN NAME AMANDA KASSABAUM	14. NAME OF HUSBAND OR WIFE PAULINE THENER (DEC)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT HARRY W THENER DALLAS TEX	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures & Internal Inj			INTERVAL BETWEEN ONSET AND DEATH ---
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto mobile Accident	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Rock Twp. Jeff. MO.
21. I attended the deceased from Coker's View and last saw her/him alive on 4:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at:			
22a. SIGNATURE (Degree or title) James C. [Signature]		22b. ADDRESS Feeta MO	22c. DATE SIGNED 8-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 1 1962	23c. NAME OF CEMETERY OR CREMATORY ST TRINITY	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
24. FUNERAL DIRECTOR Hoffmester	ADDRESS ST LOUIS MO	25. DATE RECD. BY LOCAL REG. 8-2-62	26. REGISTRAR'S SIGNATURE Robert E. Bauer

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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Filed by J.P. 8-2-62

AUG 9 1962

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 *Bill C. Branson*

Licensed Embalmer No. 4764

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.