MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32064

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 9436

City St. Louis (No. ..... Mo ..... Baptist Sant ..... St. ..... Ward)

2. FULL NAME George W. Thies

(a) Residence. No. 3428 Geraldine Ward. 7 .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beverly Thies

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39.	3	23	

8. OCCUPATION OF DEACESED 121.

(a) Trade, profession, or particular kind of work Salesman 129

(b) General nature of industry, business, or establishment in which employed (or employer) St. Louis

(c) Name of employer Fixture Co

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo

PARENTS

10. NAME OF FATHER George Thies

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo

12. MAIDEN NAME OF MOTHER Elizabeth Hettiker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis.

14. INFORMANT George Thies
(Address) 3428 Geraldine

15. FILED Oct 21 1927 19 Max C. Starkoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1927, to Oct. 22, 1927, that I last saw h. alive on Oct 21, 1927, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis (acute) & perforation

A peritonitis (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? St Louis.

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 20/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? At operation

(Signed) M. J. Tupper, M. D

Oct 22, 1927 (Address) Wall Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bellefontaine	Oct 24 1927
20. UNDERTAKER	**ADDRESS**
E. R. Lupton and Sons	4445 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK.

D Paul Tupper

Wall Bldg

3900 Olive