FEB 23 1928

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

Do not use this space.

2346

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No.

Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.

City ..... (No. Carson and Geiger St. ..... Ward)

2. FULL NAME Mary E. Thieme

(a) Residence. No. Carson and Geiger St., ... Ward. .....
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick E. Thieme

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	10	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 48 53

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER George Mead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Mary Leland

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

14. INFORMANT Mrs. Daniel Diehl
(Address) Carson and Geiger Rd.

15. FILED 1-2, 1928. O N Schuster REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to Jan 1, 1928, that I last saw her alive on Jan 1, 1927, and that death occurred, on the date stated above, at 4.30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of uterus

B 46 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Bladder

..... (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept. 1 - 1926

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C O Hughes, M. D

1-2, 1928 (Address) Ferguson, Mo

*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: Lake Charles Cem.

DATE OF BURIAL: 1-3 1928

20. UNDERTAKER: Geo. L. Pleitsch

ADDRESS: 5966 Easton ave

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.