

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

Do not use this space.

MAR 28 1936

9595

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 120

Township W

Primary Registration District No. 3009

City Cape Girardeau (No.)

File No.

Registered No. 73

St. Ward

2. FULL NAME Benjamin J. Thele, ST. Francis Hospital.

(a) Residence, No. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Thele.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 20th 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leopold.

13. NAME Henry J. Thele.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape, Girardeau.

15. MAIDEN NAME Francis Arenzen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leopold

17. INFORMANT Mrs Josephine Thele. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Leopold, DATE March 3rd 36

19. UNDERTAKER Andrew J. Baker (ADDRESS) Lutesville, Mo.

20. FILED 3-1-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 36

22. I HEREBY CERTIFY, That I attended deceased from Feb-28 36 to Mar-1 36

I last saw him alive on Mar-1 36 Death is said to have occurred on the date stated above, at 10-30 P.

The principal cause of death and related causes of importance were as follows:

Meningitis Septic (Secondary) Date of onset 2-25-36

Other contributory causes of importance: Influenza. Otitis Media Pericard. R. 2-10-36

Name of operation None Date of None
What test confirmed diagnosis Spinal fluid Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) M. H. Shelby M. D.

(Address) Cape Girardeau, Mo

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.

JAN 20 1947