APR 9 1937

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3208

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Conrad J. Thien

(a) Residence, No. 5238 Maffitt St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Male
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Thien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23-1870

7. AGE 214 YEARS 67 MONTHS 1 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner of Theatre
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Palm Theatre
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) Germantown Ill.

FATHER
13. NAME Bernard Thien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Caroline Thien 5238 Maffitt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mar. 25, 1937

19. UNDERTAKER (ADDRESS) Chas. F. Stuart 5 Union Blvd.

20. FILED MAR 24 1937, 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1937, to Mar. 22, 1937

I last saw him alive on Mar 22, 1937. Death is said to have occurred on the date stated above, at 10:25 p.m.

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

Cerebral Hemorrhage — Date of onset 3-16-37

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Other contributory causes of importance: arteriosclerosis and Hypertension.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) W. H. White, M. D.

(Address) 2803 N. Kingshighway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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