

REC'D JUN 9 1938

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

17108
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1008
(c) City ST. LOUIS MO (d) Street No. ST. ANNS. INFANT ASYLUM Registered No. 4969
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PAUL JOSEPH THELE 40-11
(a) Residence, No. St. Anns Infant Asylum (Usual place of abode, if no street address, write county or city) 6 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 14-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) ST. LOUIS MO

13. NAME PAUL JOSEPH THELE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

15. MAIDEN NAME FRANCES THELE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

17. INFORMANT (ADDRESS) CHARLIE HATCHER 5301 Page Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETARY DATE MAY-31-1938

19. FUNERAL DIRECTOR (ADDRESS) STUART & SONS 1225 N. UNION

20. FILED MAY 31 1938 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 30 1938
22. I HEREBY CERTIFY, That I attended deceased from 1938, to 5-29-1938
I last saw him alive on MAY 29 1938 Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Primary Bronchopneumonia
Date of onset 10/7/37

Other contributory causes of importance: 10/7/37
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 John A. Bond M. D.
(Signed) _____ (Address) 1447 Union

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.

STATEMENT BY LICENSED EMBALMER

I, BERNARD A. J. STUART, Licensed Embalmer No. 3500

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Bernard A. J. Stuart
Licensed Embalmer No. 3500

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.)