

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

23350
 Do not use this space.

REC'D AUG 12 1938

791
 1008

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **6044**
 (c) City **St. Louis** (d) Street No. **4603 Ashland Ave.** St.
 (e) Length of residence in city or town where death occurred **61** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William F. Thielen **450**
 (a) Residence, No. **4603 Ashland Ave.** St. **10**
 (Usual place of abode, if no street address, write county or city) (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** Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Thielen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20th. 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 61 10 14

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

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

FATHER
13. NAME Herbert Thielen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

MOTHER
15. MAIDEN NAME Mary Schnitzler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Louise Thielen
 4603 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles **DATE** 7-7-38

19. FUNERAL DIRECTOR (ADDRESS) Provost Und. Co.
 3710 N. Grand Blvd.

20. FILED J. F. Buecher Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-38

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at **4:30 P.M.**

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

Carbon Monoxide Poisoning, when found sitting in car with rubber hose attached from exhaust pipe to the rear window of car, on July 4th, 1938, at about 4:35 P.M.

Other contributory causes of importance: in a garage in the rear of 4603 Ashland Avenue.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Suicide** Date of injury **7/4/1938**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In rear of home

Manner of injury **See Above**

Nature of injury

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

If so, specify

(Signed) **Walter Perry**

(Address) **Deputy Coroner**

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 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—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

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

L. E. 3916

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

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

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.)