

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23966

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6411

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4201 Wyoming St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Augusta Thiele

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 1 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Hientze

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Hoermann
(b) Address 4201 Wyoming St.

17. (a) Burial (b) Date thereof July 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cem.

18. (a) Signature of funeral director John S. Ziegenhain
(b) Address 7027 Gravois Ave.

19. (a) JUL 30 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4201 Wyoming St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-13, 1940 to 7-27, 1940
that I last saw h. alive on 7-27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Right lobe pneumonia Duration 19 dy

Due to _____
Due to 108

Other conditions Heart exhaustion
(Include pregnancy within 3 months of death)
no heart or sun stroke

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ Means of injury _____

23. Signature Bernard Pluch (M. D. or other) _____
Address 3527 O. 50th, S. 8th, K. Date signed 7-30-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.)

If this body is not embalmed, above space should be left blank.