

No. 2  
1-4-41  
17-39  
X25390

791

1003

State File No.

Registrar's No.

7685

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH **FILLED OCT 18 1941**

(a) County **ST. LOUIS**

(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **FIRMIN DESLOGE HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County \_\_\_\_\_

(c) City or town **ST. LOUIS 23**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2205<sup>th</sup> SIDNEY ST**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM C. THEIN**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **489-10-3012**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELLA THEIN**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **APRIL 27 1899**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**52 4 26** hr. min.

9. Birthplace **ST. LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **PIPE FITTER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **JOHN THEIN**

13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

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

16. (a) Informant **ELLA THEIN**

(b) Address **2205<sup>th</sup> SIDNEY ST.**

17. (a) **BURIAL** (b) Date thereof **9/25/1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MTCARMELOM, BELLEVILLE ILL.**

18. (a) Signature of funeral director **Thos. Rustia, Son**

(b) Address **2906 Gravois**

19. (a) **SEP 24 1941** (b) **J. T. Rudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **22**  
year **1941** hour **11** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **Aug 16 1941**  
19\_\_\_\_ to **Sept 22** 19\_\_\_\_

that I last saw him alive on **Sept 22** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Died on operating table**

Due to **cardiac dilatation**  
**Respiratory failure**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **Carcinoma of lung**

Of autopsy **none**

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. T. Rudeck** (M. D. or other) **MO**

Address **3115 S Grand** Date signed **9-28-41**

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

**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.....

..... *Leo Budde* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Leo Budde* .....,  
Licensed Embalmer No. *3989*  
P. O. Address..... *St. Louis, Mo.*

**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, fact should be so stated above.**