

FILED JUL 22 1946
518

State File No. _____
Registrar's No. 6069

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 9 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3547 Sidney St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1946 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from May 12 1946
to June 19 1946
that I last saw her alive on June 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to myocarditis
Due to Paralysis of Esophagus

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93
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? _____ (e) Means of injury _____

23. Signature Harry J. Glid (M. D. _____)
Address 1504 Grand Date signed 7/9/46

3. (a) PRINT FULL NAME Elizabeth Thiele
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept. 2 1853
(Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Perry Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Franz Thiele

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant R. F. Thiele

(b) Address 2631 Park Ave.

17. (a) Burial (b) Date thereof 7/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Wacker-Heldner

(b) Address 3634 Gravois Ave.

19. (a) JUL 10 1946 J. F. Braddock
(Date received local Registrar) (Registrar's signature)

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

24637

0161 6 T 204

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..... *Robert C. Wheeler*

Licensed Embalmer No..... *2128*

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.