

**FILED JUL 25 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

17  
9

WRITE PLAINLY—USING 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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Donald Paul Thiemann  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
 year 47 hour 10:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 18, 1947, to July 19, 1947,  
 that I last saw him alive on July 19, 1947,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia at 5 hrs Duration

4. Sex MO 5. Color or race A. 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: July 18 1947  
(Month) (Day) (Year)

Due to Hydrocephalus 10/1 Since birth

Due to Imporrated Anis Since birth

Other conditions... Congenital Anomalies since birth  
(Include pregnancy within 3 months of death)

PHYSICIAN

8. AGE: Years Months Days If less than one day  
36 12 40 min.

9. Birthplace St. Louis MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name John V. Thiemann  
 13. Birthplace Oshtemo Ill  
(City, town, or county) (State or foreign country)  
 14. Maiden name Richard's  
 15. Birthplace St. Louis Co. MO  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause of which death should be charged statistically.

16. (a) Informant John V. Thiemann  
 (b) Address E. Watson Rd.  
 17. (a) Burial (b) Date thereof 7-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Park Hill Cem  
 18. (a) Signature Edward H. Bopp MD  
 (b) Address 22134 N. Kirkwood MO  
 19. (a) 10/22/47 (b) J. Brudick  
(Date received local registrar) (Registrar's signature)

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 Edward H. Bopp MD or MD  
 Address 204 E. Big Bend Date signed 7/21/47

6852

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_

*Not Embalmed*

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.