

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4169

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:  
4263 San Francisco Ave.  
(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 Mo. (b) County 100  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4263 San Francisco Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Katherine Bohlen Thiebes.

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 widow  
6. (b) Name of husband or wife Henry Thiebes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 30 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

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

MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Harold Bohlen  
(b) Address 4263 San Francisco Ave.

17. (a) burial (b) Date thereof. 5-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) MAY 3 1948 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 11 1948 to May 12 1948  
that I last saw her alive on May 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs  
Due to \_\_\_\_\_  
Due to Hypertension (?) ?

Other conditions \_\_\_\_\_  
? (Include pregnancy within 3 months of death)  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other)  
Address 6704 W. Florissant Date signed May 3-48

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**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 Albert R. Thompson  
\_\_\_\_\_  
Licensed Embalmer No. 62337  
\_\_\_\_\_  
P. O. Address St. Louis  
\_\_\_\_\_

**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.**