

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28781

State File No.

FILED AUG 25 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7044		
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 1/2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 4933 Emerson Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Anton c. (Last) Thien Jr			4. DATE OF DEATH (Month) (Day) (Year) August 5 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 13 1919		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Test Board		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co		11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Thien Jr			13b. MOTHER'S MAIDEN NAME Meta Jude		14. NAME OF HUSBAND OR WIFE Marjorie Thien			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War # 2		17. INFORMANT'S SIGNATURE OR NAME Marjorie Thien ADDRESS 4933 Emerson Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Testicle ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Biopsy showed Ca Testicle			20. AUTOPSY? 178X YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 178X				
22. I hereby certify that I attended the deceased from Jan 4 , 19 50 , to 8/5 , 19 51 , that I last saw the deceased alive on 8/4 , 19 51 , and that death occurred at 1 P m., from the causes and on the date stated above.								
23a. SIGNATURE Thomas W Martin MO (Degree or title)				23b. ADDRESS 634 W Grand		23c. DATE SIGNED 8-6-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 8 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo		
DATE REC'D BY LOCAL HEALTH DEPT. AUG 7 1951		REGISTRAR'S SIGNATURE J B Farstar		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Fouts ADDRESS 4828 Nat Bridge Blvd				

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

Je 6633

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.

Student Embalmer No.....

Signed.....

Ralph C. Lindero

Signed.....
Student Embalmer

Licensed Embalmer No. 4275

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.