

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31908

State File No.

8305

BIRTH NO. 65337-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOS.</u>		d. STREET ADDRESS (If rural, give location) <u>1909a Arsenal St</u> ST. ANTHONY HOSPITAL	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>THEISS JR.</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>SEPT. 16-51</u>
9. AGE (In years last birthday) <u>3 DAYS</u>		10. UNDER 1 YEAR Months Days Hours Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HERBERT THEISS</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH HAMILTON</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Herbert Theiss</u> ADDRESS <u>1909 Arsenal</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis Fetalis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>770.0</u>		22. I hereby certify that I attended the deceased from <u>Sept 16</u> , 19 <u>51</u> , to <u>Sept 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 18</u> , 19 <u>51</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. J. Wotawa</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>3804 Wilington Dr</u>	
23c. DATE SIGNED <u>9-20-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>SEPT. 20 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST - LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schner</u> ADDRESS <u>3125 Lafayette</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 20 1951</u> <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schner</u> ADDRESS <u>3125 Lafayette</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

No Embalming

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.