

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

State File No. **33860**
Registrar's No. **2384**

FILED SEP 23 1952

REG. DIST. NO. **3/7** PRIMARY REG. DIST. NO. **500**

S. No. 300
v. 16.48

1000

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belnor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belnor	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 8268 Glen Echo Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8268 Glen Echo Drive		d. STREET ADDRESS 8268 Glen Echo Drive	
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) Thiele	
c. (Last) Thiele		4. DATE OF DEATH (Month) (Day) (Year) 9 - 12 - 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5 - 15 - 1870
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ernst Bardelmeyer	
13b. MOTHER'S MAIDEN NAME Henrietta Pohmeyer		14. NAME OF HUSBAND OR WIFE William Thiele	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Adele Geise		ADDRESS 8268 Glen Echo Dr	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
ANTECEDENT CAUSES		DUE TO (b) Carcinoma Liver	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 155X	
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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-15 , 19 52 , to 9-12 , 19 52 , that I last saw the deceased alive on 8-30 , 19 52 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John F. Shaner MD		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 9-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/15/52	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. 9-15-52	REGISTRAR'S SIGNATURE Herbert R. Dumble MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	

Dr. John F. Shaner
3720 Washington

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Albert R. Thompson

Licensed Embalmer No. *42 137*

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.