

No. 300
10. 48

FILED - MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

20162

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1387

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ashton Clayton P.O.
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) En Route to St. Louis Co. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 5330 Walsh St

3. NAME OF DECEASED
a. (First) Hugo b. (Middle) _____ c. (Last) Thau
4. DATE OF DEATH (Month) (Day) (Year) 5-18-1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 1-15-1884 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Sgt. 10b. KIND OF BUSINESS OR INDUSTRY Metropolitan P. Dep't 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Thau 13b. MOTHER'S MAIDEN NAME Lena Pfeifer 14. NAME OF HUSBAND OR WIFE Catherine Thau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Catherine Thau ADDRESS 5330 Walsh St

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) Self-inflicted gunshot wound of head, fired from a 32 cal. Colt revolver. Body found in Lakewood Park Cemetery lying near family burial lot.
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 _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cemetery 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5/18/53 12:45 P. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner 23b. ADDRESS Clayton, Mo. 23c. DATE SIGNED 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 5-21-1953 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery 24d. LOCATION (City, town, or county) (State) 7801 Genesta Ave Mo

DATE REC'D BY LOCAL REG. 5-19-53 REGISTRAR'S SIGNATURE Hebert R. Domb 25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhain ADDRESS 6409 Gravois Ave

(Licensed Embalmers' Statement on Reverse Side)

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

002
3

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 Jan M. Seymour

Licensed Embalmer No. 4343

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.