

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. 37653

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9596

1. PLACE OF DEATH a. COUNTY		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 town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2249	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 24 2819 McNAIR	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2819 McNAIR			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) b. (Middle) THIESEN c. (Last)	
4. DATE OF DEATH OCT. 6, 1953		(Month) (Day) (Year)	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 25, 1875
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER	10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER-BUSCH	11. BIRTHPLACE (State or foreign country) GERMANY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME THOMAS THIESEN	13b. MOTHER'S MAIDEN NAME DORA WUNSCH	14. NAME OF HUSBAND OR WIFE ANNA THIESEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 488-09-4805A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. DOROTHY SCHROEDER, 2819 McNAIR	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease  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) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) STATE) 443X	
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 10/6/52, 1952, to 10/16, 1953, that I last saw the deceased alive on 10/6, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Bernard T. Keon M.D.	23b. ADDRESS 4755 Morganfield Road M. Louis 16, Mo.	23c. DATE SIGNED 10/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-8-53	24c. NAME OF CEMETERY OR CREMATORY BETHANY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
DATE REC'D BY LOCAL REG. OCT 7 1953	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Will Bros. & Co 2929 S. Jefferson	

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Harold C. Witt*

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.