

14175

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3504

No. 300  
10.48

FILED APR 29 1954

 BIRTH NO. \_\_\_\_\_ 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) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>15 4350 Itaska St.</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAUL</u>	b. (Middle) <u>F.</u>	c. (Last) <u>THIAS</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 18 1954</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1888</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linotype Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>East St. Louis Journal</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Henry A. Thias</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Hoecker</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Thias</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Thias</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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		<u>Fracture of Skull. Subdural Hemorrhage; when deceased fell on the street at Morganford and Gravois</u> <u>at 9:45 pm. on Apr 17 1954</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SOURCE OF MORTALITY <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 17 54 9:45 p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>000 E 903.0</u>	
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 <u>4:05 A m.</u> , from the causes and on the date stated above. <u>20</u>			
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>24. 19. 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>APR 19 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
		ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Jale A. Shannon*.....

Licensed Embalmer No. *453*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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