

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6816

State File No. _____

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY SAINT LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PINE LAWN		c. LENGTH OF STAY (in this place) 30 yrs.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3426 PINE GROVE		c. CITY OR TOWN PINE LAWN d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 3426 PINE GROVE		0 20	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) CHARLES	
c. (Last) THIEDKE		4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 21 1883
9. AGE, (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee	11. BIRTHPLACE (City and State or Foreign Country) Owensville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hermesmyer Mrs. Katherine Thiedke	
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. 493-10-9003	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Katherine Thiedke		ADDRESS 3426 Pine Grove, 20	
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) <i>Arterio-sclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arterio-sclerosis</i> DUE TO (c) <i>Cerebral Hemorrhage</i> 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 2 yrs.	
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)		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 <u>2-7</u> , 1954, to <u>2/12</u> , 1955, that I last saw the deceased alive on <u>2/12</u> , 1955, and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>K. H. Hay</i>		23b. ADDRESS (Degree or title) M.D. 730 Holliday	
23c. DATE SIGNED 2/14/55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Feb. 16, 1955		24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery	
24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	
DATE REC'D BY LOCAL REG. Feb 14		REGISTRAR'S SIGNATURE Harriet R. Donke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4828 NAT'L BRIDGE. 15	

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..... *Ralph C. Zindler*

Licensed Embalmer No..... 427

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.