

42692

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 6 1956

 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11152**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11152		
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 township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		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 4628 Tennessee				e. STREET ADDRESS (If rural, give location) 15 4628 Tennessee				
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) A. c. (Last) THIEN			4. DATE OF DEATH (Month) (Day) (Year) DEC. 19 1966					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH JUNE 19, 1879		9. AGE (In years, last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME BERNARD THIEN		13b. MOTHER'S MAIDEN NAME MARY KORTE		14. NAME OF MUSBAND OR WIFE CATHERINE THIEN (DEC'D)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 490-26-1897		17. INFORMANT'S SIGNATURE OR NAME ELEANOR THIEN ADDRESS 4628 Tennessee				
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, asthma, 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) Cancer of Large Intestine				DUE TO (b) reflected lung or bowel				NOT
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 None		1614		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, 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 2-19-54 , to 12-19-66 , that I last saw the deceased alive on Dec 19, 1966 , and that death occurred at 5A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. C. [Signature]				23b. ADDRESS 45235 Kingsley		23c. DATE SIGNED 12/19/66		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 21 1966		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		
DATE REC'D BY LOCAL REG. DEC 20 1966		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutes 2906 Georgia ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....

Samuel C. Hill

Licensed Embalmer No. 434

P. O. Address 2916 B

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.