MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014445
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 679

FILED MAR 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY ST LOUIS COUNTY MO
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PAGEDALE MO — Length of stay in 1b 3 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1533 N HANLEY RD — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN ST LOUIS COUNTY MO — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1533 N HANLEY RD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle Last THIEMAN

4. DATE OF DEATH Month 2 Day 27 Year 63

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-29-1871
9. AGE (last birthday) 91 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) EVANSVILLE IND.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN MARSHALL
13b. MOTHER'S MAIDEN NAME ISABELLE MILLER
14. NAME OF HUSBAND OR WIFE CHARLES THIEMAN dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates o
16. SOCIAL SECURITY NO.
17. INFORMANT CECELIA SELTER Address 3830 PARK

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH 3 to 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/15/63, to 2/27/63 and last saw her alive on 2/19/63
Death occurred at 7.20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James A. Wood M.D.
22b. ADDRESS 8230 Forsythe Clayton
22c. DATE SIGNED 2/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 3-2-63
23c. NAME OF CEMETERY OR CREMATORY ST PETER PAUL
23d. LOCATION (City, town, or county) (State) ST LOUIS MO

24. FUNERAL DIRECTOR KRIEGSHAUSER ADDRESS 4228 S. KINGSHIGHWAY
25. DATE RECD. BY LOCAL REG. 2-27-63
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. JAS. WOOD
8230 FORSYTH

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_____ Signed William D. White
Signature of Student Embalmer

Licensed Embalmer No. 4291

P. O. Address 4228 Delaney Highway

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.