

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32021

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 2930 Hickory St.)

File No.....  
Registered No. 9051  
St..... Ward.....

**2. FULL NAME**

Fred. L. Tiemann  
(a) Residence. No. 2930 Hickory St., 22 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marguerite Tiemann  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22-1890  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 8 17

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 8 1929  
17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1929 to Sept 8 1929 that I last saw him alive on Sept 8 1929 and that death occurred, on the date stated above, at 8:10 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chr. Gastritis Alcoholica  
71A  
75B (duration) yrs. 8 mos. ds.  
CONTRIBUTORY Anaemia (Perniciosa)  
(SECONDARY) (duration) yrs. 4 mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Butcher + Grocer  
(b) General nature of industry, business, or establishment in which employed (or employer). Proprietor  
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed) Otto T. Walsor M. D.  
. 19 (Address) 7904 Park Ave

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.  
10. NAME OF FATHER Emil F. Tiemann  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Caroline L. Ray  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Marguerite Tiemann  
(Address) 2930 Hickory St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL See Site DATE OF BURIAL Sept 11, 1929

15. SEP -9 1929 FILED 1929  
REGISTRAR

20. UNDERTAKER E. J. Schuur ADDRESS 3125 Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

