

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

Do not use this space.

28646

1. PLACE OF DEATH

County Jefferson
Township Waller
City Rural (No.)

Registration District No. 420
Primary Registration District No. 5574

File No.
Registered No. 73 St. Ward)

2. FULL NAME

(a) Residence, No. Robert W. Tietz St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? Not known yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Heidenman Tietz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Giedler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) W. E. Johnson
1936 St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE Aug 22, 1931

19. UNDERTAKER Theo W. Beiderkney
(ADDRESS) 1936 St. Louis Mo.

20. FILED 8/20, 1931 W. E. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Aug-17, 1931, to Aug-19, 1931.
I last saw him alive on Aug-17, 1931. Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
87A
J. J. O.
Other contributory causes of importance:
8-19-31

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Walter E. Johnson, M. D.
(Signed) W. E. Johnson
(Address) St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

SEP 22 1931

