WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 is very important.

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AN 27 1933

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

Do not use this space.

41426

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No.
Township ~~Central~~ — Primary Registration District No. 4469 — Registered No. 73
City Maplewood (No. 7109, South St St. Ward)

2. FULL NAME George W. Tiemann
(a) Residence, No. 7109 South St St., 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Catherine Tiemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1886

7. AGE: YEARS 46 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railray mail clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 105
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) Quincy Ill. 2

FATHER
13. NAME Theodore Tieman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

MOTHER
15. MAIDEN NAME Josephine Jerome
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill.

17. INFORMANT (Mrs.) Catherine Tiemann
(ADDRESS) 7109 South St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Dec. 19 1932

19. UNDERTAKER Croghan Und. Co inc
(ADDRESS) 7146 Manchester Ave

20. FILED 12/19 1932 Mercedes Schuster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1932, to December 16, 1932
I last saw him alive on December 16, 1932. Death is said to have occurred on the date stated above, at 8.05 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hypostatic Pneumonia (3.6 hrs duration)

Other contributory causes of importance: 92 A

Mitral Regurgitation Stenosis — Nov 1st 1932 (?)

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

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harvey J. Ott, M. D.
(Address) 3816 Sutton Ave Maplewood