

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

Do not use this space.

10630

1. PLACE OF DEATH

County Phelps Registration District No. 678
 Township St. James Primary Registration District No. 5904
 City Soldiers Home (No. _____) St. _____ Ward _____

2. FULL NAME

Chas. G. Tiemeyer
 (a) Residence, No. Soldiers Home St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephine Tiemeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/13/1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Member of Home

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) St. Louis Mo.

13. NAME Unknown

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

15. MAIDEN NAME _____

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

17. INFORMANT A. G. Bullock
(ADDRESS) St. James, Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Home Ombury DATE Mar. 19- 1933

19. UNDERTAKER Jonas and Min Eyrk
(ADDRESS) St. James Mo.

20. FILED 3-18- 1933 Wm. S. Walter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to March 17, 1933
 Last saw him alive on March 6, 1933. Death is said to have occurred on the date stated above, at 8:49 a.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart Date of onset 3/17/33
112
9573 11 1/2

Other contributory causes of importance:

Chronic Bronchial Asthma 1927

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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 _____ (Signed) William H. Bullock, M. D.

(Address) St. James 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 is very important.

APP 81
 1933

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