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.

MAR 12 1936

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

Do not use this space.

7600

File No. .....

Registered No. 1245

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 003

City St. Louis (No. 5928 Page Blvd. St. ..... Ward)

2. FULL NAME John Henry Tielkemeyer

(a) Residence, No. 5928 Page Blvd. St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4th, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	1	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Missouri

FATHER

13. NAME William Tielkemeyer

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

MOTHER

15. MAIDEN NAME Chorlette Hase

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

17. INFORMANT Fredda Lahrenhost
(ADDRESS) 5928 Page Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Valhalla Mausoleum DATE Feb. 5th, 1936

19. UNDERTAKER Krehmann Hand
(ADDRESS) 1905 Union Blvd.

20. FILED FEB 3 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Feb 2, 1936

I last saw him alive on Feb 2, 1936 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

	Date of onset
Carcinoma of stomach	1934

Other contributory causes of importance: H/O

Name of operation — Date of .....

What test confirmed diagnosis? Clinical 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 .....

(Signed) Orville O. White M. D.

(Address) 1300 A. Kodiamont Ave

1300 Hodiamont

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