

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

Do not use this space.

OCT 5 1936

791

35694

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 3600 N. 22 Str

Registration District No. 1008
Primary Registration District No.
3600 N. 22 Str

File No.
Registered No. 9312
St. Ward)

2. FULL NAME Sophia Tiesmeyer

(a) Residence, No. 3600 N. 22 Str. St. 20 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/8/1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
83 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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 Anthony Sanders,

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Sophia Goellner (ADDRESS) 3600 N. 22 Str

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 9/10/36 19

19. UNDERTAKER H. A. Stock Und. Co. (ADDRESS) 2117 E GRAND BLVD.

20. SEP 9 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1936, to Sept 7, 1936. I last saw her alive on Sept 7, 1936. Death is said to have occurred on the date stated above, at 4:55 p.m.

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

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Ch. saturated myocarditis

Name of operation None Date of

What test confirmed diagnosis? 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) Louis Hoppel, M.D. (Address) 2114 E Grand Blvd

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.

Dr Louis Hoppel
2114 E. Grand
Colfax 1411

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