

MAR 5-1937

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

Do not use this space.

8766

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Lutheran Hospital) St. Ward)

File No.
Registered No. 72339

2. FULL NAME Henry Tiemann, Sr.

(a) Residence, No. Afton, Mo. St. HR Ward. 1
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired gardener
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 -----Tiemann-----

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

15. MAIDEN NAME unknown

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

17. INFORMANT Henry Tiemann, Jr.
(ADDRESS) Afton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Maus. DATE Feb., 24, 37

19. UNDERTAKER J. L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave

20. FILED 1937 St. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2-1936 to Feb 21, 1937
Last saw him alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 12:15 A.M.

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

Carcinoma involving prostate gland & lower bowels
primary seat unknown

Date of onset 7934

Other contributory causes of importance:
Pathologic disease of bone

Name of operation..... Date of.....
What test confirmed diagnosis? Low 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) Walter F. Kelley, M. D.
(Address) Afton

WHITE 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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