

WHITE PEARL, 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D JUN 12 1939

791  
1003

16639

1. PLACE OF DEATH

County St. Louis Registration District No. 1  
Township St. Louis Primary Registration District No. 4064 Alma  
City St. Louis (No. 1) St. 1 Ward.

File No. 4173  
Registered No. 4173  
St. 1 Ward

2. FULL NAME

Mrs. Tiedeman

(a) Residence, No. 4064 Alma St. 1 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred  yrs. 2 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69 10 7

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

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

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

13. NAME Henry Lough

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

15. MAIDEN NAME Suzanne Betsch

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

17. INFORMANT Mrs. Viola J. Schilling (ADDRESS) Belleville, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville DATE May 4 1939

19. UNDERTAKER Geo. Remus (ADDRESS) 120 N. 2nd St. Belleville

20. FILED MAY 4 1939 J. B. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to May 4, 1939

I last saw h. or alive on: May 4, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic cholelithic  
Indefinite (Date of onset) (?)  
unknown as to source

Other contributory causes of importance: Arterio-sclerosis and chronic myocarditis.

Name of operation 93C Date of clinical  
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) Lillian V. Young M. D.  
(Address) 4511 N. 28th St. St. Louis, Mo.

Com blank signed

CF