No. 2
11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23584

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6029

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Centarl Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 100

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 12
(If outside city or town limits write "RURAL")
(d) Street No. 5600 Pershing Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Euphemia Catherine Tieber

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred W.

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May (Month) 28 (Day) 1896 (Year)

8. AGE: Years 44 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Henry D. Hibbeler
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rosa Gruenewald
15. Birthplace Dundee (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Hugo Blumer
(b) Address Hermann, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 18 1940 (Date received by Registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1940 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cause of Death undetermined

Duration

Due to Probably due to Narcotic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

179
41

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred Henry (M. D. or other)
Address Deputy Coroner Date signed 7/18/40

(Licensed Embalmer [illegible]nt on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.