DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30838

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8115

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution November 12, 1936 (Specify whether years, months or days)

In this community Life. 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ~~St. Louis.~~

(c) City or town St. Louis, 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? St. Louis, Mo. years.

3. (a) PRINT FULL NAME Augustine Tieman

3. (b) If veteran, name war Unknown.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June (Month) 19 (Day) 1871 (Year)

8. AGE: Years 69 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation No Occupation 9

11. Industry or business x 9

FATHER
12. Name Fred Tieman
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Tieman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony

(b) Address 5800 Arsenal St.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 9-30-40 (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director J. Ryan

(b) Address City Infirmary

19. (a) SEP 30 1940 (Date received local registrar) (b) J. F. Buckeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27, year 1940 hour 1:55 minute P.M.

21. I hereby certify that I attended the deceased from November 12, 1936, to September 27, 1940; that I last saw him alive on September 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy same	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. S. Bozalis M.D. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.