

STANDARD CERTIFICATE OF DEATH

State File No. 16989

791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4507

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:  
1712 S. 7th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community Life years, months or days) \_\_\_\_\_ (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO  
(c) City or town St. Louis 2311  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1712 S. 7th St. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Tiefenbrunn

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

3. (c) Social Security No. None

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. October 25, 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Restaurant worker

11. Industry or business \_\_\_\_\_

12. Name Joe Tiefenbrunn

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Tiefenbrunn

(b) Address 1712 S. 7th St.

17. (a) Burial (b) Date thereof 5/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Magdeline Conception Cem. Arnold, Mo.

18. (a) Signature of funeral director Wacker-Wiederts  
(b) Address 2331 S. Broadway

19. (a) MAY 29 1941 (b) J. Tiefenbrunn  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1941 hour 1 minute 40 p.m.

21. I hereby certify that I attended the deceased from Apr. 8 1941 to May 28 1941  
that I last saw him alive on May 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis 24 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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) \_\_\_\_\_  
(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) Means of injury \_\_\_\_\_  
23. Signature J. Tiefenbrunn (M. D. or other) J. M. D.  
Address 2000 R 99 Date signed 5/29/41

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

MOTHER FATHER

**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..... *Frank J. Nyland.*  
Licensed Embalmer No..... *2675*  
P. O. Address..... *St Louis, Mo*

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

**If this body is not embalmed, fact should be so stated above.**