

ED JUN 4 1943 318  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4635

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ..... (Specify whether  
In this community unknown ..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6701 S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Margaret Tieman

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

3. (c) Social Security  
No.....

4. Sex female

5. Color or  
race white

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

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

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

7. Birth date of deceased Oct. 21, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 27 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name unknown

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

14. Maiden name .....  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Missouri

(b) Address C. Hannon

17. (a) burial (b) Date thereof 5-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler and Co.

(b) Address 7420 Michigan Ave.

19. (a) MAY 19 1943 (b) F. P. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 18, 1943  
year..... hour 7:30 a.m. minute..... M.

21. I hereby certify that I attended the deceased from  
April 1, 1943 to May 18, 1943  
that I last saw her alive on May 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease yrs.

Due to arteriosclerosis

Due to Senility

Other conditions Arthritis deformans yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 [Signature] (M. D. or other) MD  
Address City of Jefferson Date signed 5/18/43

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**