S. No. 2
OM—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37922
Registrar's No. 10314

FILED DEC 33918
Registration District No.
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence; 3438 Russell Blvd.
(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

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. 3438 Russell Blvd. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Tietjens.

3. (b) If veteran, name war none.

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 Marjorie R. Tietjens.

6. (c) Age of husband or wife if alive 48. years

7. Birth date of deceased May (Month) 22, (Day) 1877. (Year)

8. AGE: Years 66. Months 6. Days 3. If less than one day hr. min.

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

10. Usual occupation Composer, Pianist,

11. Industry or business Music Critic.

MOTHER FATHER

12. Name Henry Tietjens.

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

14. Maiden name Marie Bierbaum.

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

16. (a) Informant Mr Otto Tietjens.
(b) Address 1824 Longfellow Blv'd.,

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 11/27/43. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) NOV 26 1943 (Date received local registrar) J. F. Bredick (Registrar's signature)
NOV 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Nov. 25, 1943 that I last saw him alive on Nov. 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder (Primary) — Duration 1 yr

Due to

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.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. A. Wiegman (M. D. or other)
Address 2192 S. Grand Date signed 11/25/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible] H. Eyerman
2924 So. Grand.
La. - 3456
Hrs. 1-2 P.M.

10314

10314

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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.