

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** MAY 2 1946

**STANDARD CERTIFICATE OF DEATH**

State File No. **15264**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3665**

**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:  
1010 Locust St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... ?  
years, months or days) (Specify whether

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... Missouri (b) County..... 000  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL") 617  
(d) Street No. 2406 N. Euclid Ave.  
(If rural, give location) 90  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME**..... Christian H. Tiemann

3. (b) If veteran, name war..... No  
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..... Flore Tiemann  
6. (c) Age of husband or wife if alive..... 71 years

7. Birth date of deceased..... August 21, 1873.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 28 hr. min.

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

10. Usual occupation..... Shipping Clerk

11. Industry or business..... United Illumin Corp.

12. Name..... Frederick Tiemann

13. Birthplace..... Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown Stolte

15. Birthplace..... Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Flore Tiemann

(b) Address..... 2406 N. Euclid Ave.

17. (a) Burial (b) Date thereof..... Apr. 22, 1946.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Calvin E. Feutz Funeral Home  
(b) Address..... 4828 Natural Bridge Blvd.

19. (a) APR 22 1946 J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 19th  
year..... 1946 hour..... 3:50 minute..... F. M.

21. I hereby certify that I attended the deceased from.....  
April 7, 1946, to April 19, 1946  
that I last saw him alive on..... April 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral vascular accident  
Due to..... arteriosclerosis with hypertension  
Due to.....

Other conditions..... JB  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?

23. Signature..... George C. Eaker, Jr., M.D. (M. D. or other)  
Address..... 4901A Easton  
Date signed..... 4/20/46

Duration

1 hour

unknown (years?)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

---

---

**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.....

*John A. Nelson*

Licensed Embalmer No. *4186*

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.**