

S. No. 2  
M-5-43  
5-17-39  
I X36871

**FILED** JUL 3 1946  
318

**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. ....  
Registrar's No. 5565

Registration District No. .... Primary Registration District No. ....

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2029 Wallinbrodt  
(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)

**3. (a) PRINT FULL NAME** William F. Tiepelman  
**3. (b) If veteran,** name war. .... **3. (c) Social Security** No. ....

**4. Sex** Male **5. Color** Wh **6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** Cheresa **6. (c) Age of husband or wife if alive** August 11 1872  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 10 Days 11 If less than one day hr. .... min. ....

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

**10. Usual occupation** Grocer

**11. Industry or business** William F. Tiepelman

**12. Name** William F. Tiepelman

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

**14. Maiden name** Mary Vogt

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

**16. (a) Informant** Mrs. Mary Tigora  
**(b) Address** 2029 Wallinbrodt

**17. (a) Burial, entombment, or removal** New St. Margarets  
**(b) Date thereof** 6-25-46  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** Chas. H. Stuart  
**(b) Address** 1235 Union Blvd.

**19. (a)** JUN 24 1946 **(b)** J. F. Bruback  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5549 St. Louis  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) .....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 22 year 1946 hour 12 minute noon M. ....

**21. I hereby certify that I attended the deceased from** May 12 1946 to June 22 1946  
that I last saw him alive on June 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease  
Due to 2  
Due to 1

Other conditions None  
(include pregnancy within 3 months of death)

Major findings: None  
Of operations: None

Of autopsy: None

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) No  
(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? .....

Where of work? (Specify type of place) .....

**23. Signature** Donald G. Love (M. D. or other) 6-23-46  
**Address** 2307 Ashbury St. **Date signed** .....

Duration 9??  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

2145

**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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.