FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 296093

Primary Registration District No. 1003

Registrar's No. 2205

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

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: 1312a Montgomery
(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: 81

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0-0

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 26 1312a Montgomery
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: -----

3. (a) PRINT FULL NAME: Mrs. Emma Tyberendt

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

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

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fred Tyberendt

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

7. Birth date of deceased: June (Month) 4 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	7	hr. min.

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

10. Usual occupation: At Home

11. Industry or business: ------

FATHER

12. Name: Henry Blumenkamp

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

MOTHER

14. Maiden name: Unknown

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

16. (a) Informant: Martin H. Tyberendt

(b) Address: 1312a Montgomery

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/14/1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Beiderwieden F. H., Inc.

(b) Address: 1936 St. Louis Avenue

19. (a) AUG 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1947 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from April 25, 1946, 19..., to August 11, 19 47, that I last saw her alive on August 11, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative Myocarditis	2 Years
Due to: Heat Exhaustion	1 week
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: Fred H. Krug (M. D. or other)

Address: 2249 St. Louis ave Date signed: 8/12 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.