S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 40982

Registrar's No. 1501

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1213 No. 11th
(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: 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1213 No. 11th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Emilie Tietz
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Albert F. Tietz
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April (Month) 15 (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home

FATHER
12. Name: Heinrich Wilmes
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Sabina Marie Bode
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Roland J. Tietz
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Missouri
19. (a) 12-26-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 372

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1947 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 6, 1947, to Dec. 21, 1947; that I last saw her alive on Dec. 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Rt. Breast	8 mo
Due to: Chronic Myocardial Insufficiency	Unknown
Chronic Hypertension	Unknown
Due to: Arteriosclerosis General	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 50
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: Gustav A. Lau (M. D.)
Address: 217 Kirkpatrick Bldg. St. Joseph, Mo. Date signed: Dec. 22, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1948

JAN 16 1948

OCT 29 1948

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 so 10th. St Joseph, 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.