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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

18089
State File No. _____
Registrar's No. **4496**

1. PLACE OF DEATH:
(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: One night St Marys Indepny
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one night
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County ST. CLAIR 997
(c) City or town EAST ST. LOUIS 10
(If outside city or town limits, write "RURAL")
(d) Street No. 923 valentine
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT TIEKLE
3. (b) If veteran, name war NONE
3. (c) Social Security No. 321-20-1931

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11th
year 1948 hour 12:03 minute A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 2 5. Color or race Col
6. (a) ~~Single~~, widowed, married, divorced
6. (b) Name of husband or wife MARY LEE TIEKLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 10-18 99
(Month) (Day) (Year)

Immediate cause of death _____
Broncho pneumonia;
AmVothropic lateral sclerosis.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 49 Months 2 Days 1
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace New Madrid MO
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

11. Industry or business LABOR
12. Name PACKING HOUSE
13. Birthplace PHUG UAK MISS
(City, town, or county) (State or foreign country)
14. Maiden name ETNA DEWSON
15. Birthplace MARYFIELD KY
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lee Tiekle
(b) Address _____
17. (a) EAST ST. LOUIS (b) Date there MAY 14 1948
(Burial, cremation, or removal) (City or town) (County) (State)

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? _____

(c) Place: burial or cremation St George Cemetery
18. (a) Signature of funeral director _____
(b) Address FAST ST. LOUIS, ILL
19. (a) MAY 14 1948 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature [Signature] (M.D. or other)
Address [Signature] Date signed 5/14/48

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

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. 26

working under my personal supervision.

Signed

Licensed Embalmer No. 3518

P. O. Address

EAST ST. LOUIS, ILL.

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.