No. 300
10.48

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

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39114

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9401

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5804 CATES AVE;

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2059
d. STREET ADDRESS (If rural, give location) 5804 CATES AVE; 0

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) MARIE
c. (Last) TIEMEYER.

4. DATE OF DEATH (Month) NOV. (Day) 5, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 30, 1877
9. AGE (In years last birthday) 73 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY - - - - -
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman L. Wickmann.
13b. MOTHER'S MAIDEN NAME Ida Stein.
14. NAME OF HUSBAND OR WIFE Henry F. Tiemeyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Clarence W. Tiemeyer. **ADDRESS** 5804 Cates Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Oct 28-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — Dec 12th 1944
DUE TO (c) Arteriosclerotic Heart Disease — Dec 12th 1944

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 321 X

22. *I hereby certify that I attended the deceased from* Dec 12th, 1944, *to* Nov 5th, 1950, *that I last saw the deceased alive on* Nov 5th, 1950, *and that death occurred at* 12:57 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Aug. F. Wickman (Degree or title) M.D.
23b. ADDRESS 4660 Maryland Ave
23c. DATE SIGNED Nov 6th 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-7-1950
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. NOV 6 1950
REGISTRAR'S SIGNATURE J. B. Lacata
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; **ADDRESS** 7233 Delmar Blvd;

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Melvin L. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.