

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3186

State File No. 0913
Registrar's No. 0913

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSAINT LOUIS				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SAINT LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				e. STREET ADDRESS (If rural, give location) 220 2538 W. PALM STREET				2209					
3. NAME OF DECEASED (Type or Print) LYDIA			a. (First)		b. (Middle) *****		c. (Last) TIEMANN		4. DATE OF DEATH (Month) (Day) (Year) JAN. 30 1955				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 23, 1886		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months Days 10. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and State or Foreign Country) SAINT LOUIS, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Wm. C. F. W. Kemper				13b. MOTHER'S MAIDEN NAME Mary Anna Bergmann			14. NAME OF HUSBAND OR WIFE William Tiemann						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Edw. Kemper, 3616 Koeln Ave. 16					ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction due to Coronary Arteriosclerosis due to (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 10 days Unknown				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION											
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>													
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201									
22. I hereby certify that I attended the deceased from Jan. 22, 1955, to Jan. 30, 1955, that I last saw the deceased alive on Jan. 30, 1955, and that death occurred at 3:10P m., from the causes and on the date stated above.													
23a. SIGNATURE <i>[Signature]</i>				(Degree or title) M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 1-31-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Feb. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY			24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI.						
DATE REC'D BY LOCAL REG. JAN 31 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge 15							

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

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph L. Finkbeiner*

Licensed Embalmer No...427

P. O. Address... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.