

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

FILED MAR 31 1955

State File No. **10293**  
1003 Registrar's No. **2334**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY				a. STATE <b>Mo.</b>			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY OR TOWN <b>St. Louis</b>				STREET ADDRESS (If rural, give location) <b>5744 Murdoch Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5744 Murdoch Ave.</b>				14 <b>5744 Murdoch Ave.</b> <b>21490</b>			
3. NAME OF DECEASED		a. (First)		b. (Middle)		c. (Last)	
(Type or Print)		<b>WILLIAM</b>		<b>F.</b>		<b>TIEFENBRUNN</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<b>March 13 1955</b>							
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<b>Male</b>		<b>White</b>		<b>Married</b>		<b>Sep 6, 1873</b>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<b>81</b>		Months Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<b>Clerk-Special Tax Bureau-City of St. Louis</b>				<b>St. Louis, Mo.</b>		<b>U.S.A.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<b>Frederick W. Tiefenbrunn</b>		<b>Josephine Seiner</b>		<b>Mary L. Tiefenbrunn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<b>No</b>		<b>None</b>		<b>Mary L. Tiefenbrunn 5744 Murdoch</b>			
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)				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				?			
II. OTHER SIGNIFICANT CONDITIONS				c			
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 <input type="checkbox"/> NO <input checked="" 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?			
				<b>442x</b>			
22. I hereby certify that I attended the deceased from <b>April 6:00A</b> , to <b>March 13, 1955</b> , that I last saw the deceased alive on <b>March 13, 1955</b> , and that death occurred at <b>6:00A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<b>Carl P. Smith MD</b>				<b>229 E Rockwood</b>		<b>3-14-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>Mar. 16, 1955</b>		<b>Calvary Cemetery</b>		<b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<b>MAR 14 1955</b>		<b>Carl Smith MD</b>		<b>Kriegshauser 4228 S. Kingshighway Bl.</b>			

WRITE PLAINLY—USING 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 ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Richard W. Storvick*

Licensed Embalmer No. 4000

P. O. Address .....

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.