

FILED JUN 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22450**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 500		Registrar's No. 1822	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN Normandy		c. LENGTH OF STAY (in this place or township) 4 months		c. CITY OR TOWN St. 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 Hill Top House Convalescent Home				STREET ADDRESS (If rural, give location) 4510 Athlone Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) _____		c. (Last) Tiemann		4. DATE OF DEATH (Month) (Day) (Year) May 21 1956
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 15 1878	
9. AGE (In years last birthday) 78		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ----- Tubesing			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Edward Tiemann		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Edward Tiemann, 4510 Athlone Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized abdominal carcinomatosis		ANTECEDENT CAUSES					-?
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) _____
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					153X
19a. DATE OF OPERATION 5/10-1956		19b. MAJOR FINDINGS OF OPERATION Generalized abdominal carcinomatosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Heart		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 m			
22. I hereby certify that I attended the deceased from Jan 23 19 56 to May 21 19 56 , that I last saw the deceased alive on May 21 19 56 and that death occurred at 7:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE John G. M'Furney M.D. (Degree or title)				23b. ADDRESS 5014 Thekla St. Louis		23c. DATE SIGNED 5/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 24 1956		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 5-24-56		REGISTRAR'S SIGNATURE Herbert R. Dombey		25. FUNERAL DIRECTOR'S SIGNATURE MATH HERMANN & SON, INC., 2161 E. Fair Ave ADDRESS <input checked="" type="checkbox"/>			

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4401

JUN 22 1956

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 *Clement McKeay*

Licensed Embalmer No. *3732*

P. O. Address *H. 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.