

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14356**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **120**

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES c. LENGTH OF STAY (in this place) 74		c. CITY OR TOWN ST. CHARLES 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 ST. JOSEPH'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 1222 N. 5TH STR 0923 0	

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) H. c. (Last) TIETZ			4. DATE OF DEATH (Month) (Day) (Year) APRIL 20 1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 14, 1883	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months 2 Days 6	# UNDER 6 Wks. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METAL FINISHER	10b. KIND OF BUSINESS OR INDUSTRY MFG.	11. BIRTHPLACE (City and State or Foreign Country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY CARL TIETZ	13b. MOTHER'S MAIDEN NAME MINNIE ELLING	14. NAME OF HUSBAND OR WIFE LILLIAN (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NOT	17. INFORMANT'S SIGNATURE OR NAME ROSIE M. SANDERS	ADDRESS ST. CHARLES, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Stomach with		INTERVAL BETWEEN ONSET AND DEATH 7 Wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized metastases		
	DUE TO (c) —		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —			

19a. DATE OF OPERATION 4/10/57	19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach @ metastases 151X	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) —
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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? —
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22. I hereby certify that I attended the deceased from **4/3/57**, 19**57**, to **4/20/57**, 19**57**, that I last saw the deceased alive on **ap 19**, 19**57**, and that death occurred at **12:20 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent A. Schneider, M.D.	23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED 4/20/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 22, 1957	24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S EVANG. CEM.	24d. LOCATION (City, town, or county) (State) ST. CHARLES, MO
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DATE REC'D BY LOCAL REG. April 20 57	REGISTRAR'S SIGNATURE Hazel Lawler Dep.	25. FUNERAL DIRECTOR'S SIGNATURE P. L. Prinster, St. Charles Mo.	ADDRESS PRINSTER-HUGHES, INC.
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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 *John L. Denner*
Licensed Embalmer No. 4194
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.