

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012410
STATE FILE NUMBER
3011

FILED MAR 25 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

300
1-57

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4341-COLLEGE-AV		d. STREET ADDRESS (If outside, give location) 4341-COLLEGE-AV.	
Length of stay in lb 34 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE _____ TIEMEYER			4. DATE OF DEATH Month Day Year MAR. 12TH 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 28TH 1883	9. AGE (In years last birthday) 74 YRS.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY NEWS-PAPER-CARRIER	10b. KIND OF BUSINESS OR INDUSTRY NEWS-PAPER-ROUTE	11. BIRTHPLACE (City and state or country) ST. LIBORY - ILL.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME HENRY-TIEMEYER	13b. MOTHER'S MAIDEN NAME CATHERINE-RECKER	14. NAME OF HUSBAND OR WIFE AMANDA-TIEMEYER
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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. 494-28-3077	17. INFORMANT Address AMANDA-TIEMEYER = 4341-COLLEGE-AV.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH several
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral embolus	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart Def is due to previous stroke		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) 332x
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from **Dec 1949** to **Mar 12/58** and last saw her alive on **26 Feb 58**
Death occurred at **12 Mar 58 7:30 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Richard J. ... M.D.	22b. ADDRESS 307 E. ...	22c. DATE SIGNED 14 Mar 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 15TH 1958	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	23d. LOCATION (City, town or county) (State) ST. LOUIS MO.
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24. FUNERAL DIRECTOR Brookland Und. Co.	ADDRESS 1827-HOGAN-ST.	25. DATE RECD. BY LOCAL REG. MAR 14 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Elmer T. Padwell*

Licensed Embalmer No. *4077*
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.