

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027856

STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1880

S. 300  
1-57

|   |                                  |   |  |   |  |   |   |
|---|----------------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Gardenville</b>   |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |   | c. CITY OR TOWN <b>St. Louis</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <b>Miller Nurs. Home</b><br>INSTITUTION <b>8149 Gravois</b>  |                                  |   | Length of stay in <b>1-wk &amp; 5 days</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>73 Willmore Rd.</b>            |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Angeline</b> Middle Last <b>Tiemann</b>   |                                  |   |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>15</b> Year <b>1958</b>  |  |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Apr. 25, 1866</b>  |  | 9. AGE (In years last birthday) <b>92</b><br>IF UNDER 1 YEAR: Months Days<br>IF UNDER 24 HRS.: Hours Min.     |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeping</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>           |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>John Meyer</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Henrietta</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Louis H. Tiemann</b>                             |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  |   | 17. INFORMANT Address<br><b>Erna Tiemann - 4121 Holly Hills Blvd.</b>              |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension - Arteriosclerosis</b><br>DUE TO (c) <b>Arteriosclerotic Heart Disease</b> |                                  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>331X</b> |   |
| 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.)           |   |  |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   | 20d. INJURY OCCURRED WHILE AT WORK <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   |
| 21. I attended the deceased from Death occurred at <b>June 2, 1958</b> to <b>July 15, 1958</b> and last saw her alive on <b>July 14, 1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Joseph E. Conroy M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>706 Colina St</b>   |   | 22c. DATE SIGNED<br><b>7-15-58</b>   |   |   |
| 23a. BURIAL OR CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>July 17, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Paul Churchyard</b>                                       |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>WACKER-HELDERLE-3634 Gravois Ave.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-16-58</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Donke M.D.</b>                          |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Delbert J. Krupar

Licensed Embalmer No. 3497

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.