

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015849

STATE FILE NUMBER

2 3561

300  
1-57

94  
0

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registration No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospitals, Inc.** Length of stay in 1b **9 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis,** Inside Limits Yes  No   
d. STREET ADDRESS **3525 Chouteau Ave.,** (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**William Henry Tiefenauer**

4. DATE OF DEATH Month Day Year  
**April 6, 1959**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH **Oct. 10, 1890** 9. AGE (In years last birthday) **68 yrs.** 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) **Conductor** 10b. KIND OF BUSINESS OR INDUSTRY **Railroad** 11. BIRTHPLACE (City and state or country) **Munger, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **August Tiefenauer** 13b. MOTHER'S MAIDEN NAME **Cordelia Munger** 14. NAME OF HUSBAND OR WIFE **Marie Tiefenauer**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW-1** 16. SOCIAL SECURITY NO. **702-09-2060** 17. INFORMANT Address **Mrs. Marie Tiefenauer, St. Louis,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Myocardial infarction**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Arteriosclerotic heart disease**  
DUE TO (c) **420.0**  
INTERVAL BETWEEN ONSET AND DEATH **9 days**  
**Several years**

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? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.  
20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  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 **March 29, 1959** to **April 6, 1959** and last saw <sup>him</sup> alive on **April 6, 1959**  
Death occurred at **3:15 P.M.,** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Henry N. Charles, M.D.** 22b. ADDRESS **1755 South Grand Blvd.,** 22c. DATE SIGNED **April 7, 1959**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4/10/1959** 23c. NAME OF CEMETERY OR CREMATORY **St. Francois Mem. Park** 23d. LOCATION (City, town, or county) (State) **St. Francois Co. Mo**

24. FUNERAL DIRECTOR ADDRESS **C. Z. Boyer & Son Funeral Home** **Desloge, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 10 '59** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J. T. Boyer* .....

Licensed Embalmer No. *3660* .....

P. O. Address *Alley, Mo* .....

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.