

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 14 1960

318

Primary Registration District No. 1003

Registrar's No. 8696

60-022964
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">2 yrs.</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 10 mo. 13 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3839 Indiana
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Isabell E. Tirmenstein			4. DATE OF DEATH Month Day Year 9-4-60			
5. SEX Female	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 8-16-88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Marks & Marks Sons Mascoutah, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Michael Rothaug		13b. MOTHER'S MAIDEN NAME Elizabeth ?		14. NAME OF HUSBAND OR WIFE Otto F. Tirmenstein		

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. 498-09-7894	17. INFORMANT Otto Tirmenstein-3839 Indiana Ave.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i>		<i>stab</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Arteriosclerosis</i>		<i>4 days.</i>
DUE TO (c) <i>Arteriosclerotic Heart Disease</i>		<i>3 yrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p style="text-align: center;">420.0</p>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.) <p style="text-align: center;">420.0</p>
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <u>10-21-57</u> to <u>9-4-60</u> and last saw her/him alive on <u>9-4-60</u> Death occurred at <u>6:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>John W. Beckman, M.D.</i>	22b. ADDRESS <i>5800 Central</i>	22c. DATE SIGNED <i>9/6/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri	24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.	25. DATE RECD. BY LOCAL REG. SEP 6 1960
26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert J. Kruppa
Licensed Embalmer No. 349
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.