

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5042
Do not use this space.

1. PLACE OF DEATH: REC'D MAR 14 1938

(a) County: _____ Registration District No. **791**

(b) Township: _____ Primary Registration District No. **1003**

(c) City: **St. Louis** (d) Street No. _____ De. Paul Hospital Registered No. **1687**
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: **William Frederick Tiehes 200**

(a) Residence, No. _____ St. **NR Perryville, Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: **Male**

4. COLOR OR RACE: **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: **Philomine Richardet**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): **June 13 1884**

7. AGE YEARS: **53** MONTHS: **8** DAYS: **1** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc.: **Janitor**

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Perry county, Mo.**

FATHER

13. NAME: **Charles Tiehes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **France**

MOTHER

15. MAIDEN NAME: **Victoria French**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): **Perry county, Mo.**

17. INFORMANT (ADDRESS): **Walter Tiehes Perryville, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE: **Hope Cem. Perryville, Mo.** DATE: **Feb 17 1938**

19. FUNERAL DIRECTOR (ADDRESS): **Eckmann-Harral 1905 Union Bldg., St. Lo.**

20. FILED: **FEB 16 1938** **J. B. Brudeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): **2-14 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 13 to Feb. 14 1938**

I last saw him alive on **Feb. 14 1938** Death is said to have occurred on the date stated above, at **3 P.** m.

The principal cause of death and related causes of importance were as follows:

Brain Abscess (ruptured), Cause unknown

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Other contributory causes of importance: **non-purulent meningitis secondary to ruptured brain abscess**

Date of onset: **2/1/38**

Name of operation: _____ Date of _____

What test confirmed diagnosis? **phys. exam.** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____

S (Signed): **D. B. Harral** M. D.

(Address): **401 Commercial Bldg.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Albert H. Bey, Licensed Embalmer No. 3866
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert H. Bey
L. E.
No. 3866 or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Albert H. Bey
Licensed Embalmer No. 3866

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.)