o. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30247

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7524

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2 Weeks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4224 John Ave. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julia Tiedemann.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Robert Tiedemann.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 30th. 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	5	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework. 6 1 26

11. Industry or business 9

FATHER
12. Name Max Saetelle.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Moore
(b) Address 4224 John Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-40.
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 7 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from July 25, 1940 to Sept 5, 1940
that I last saw her alive on Sept 5, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cholecystitis	
Due to cholelithiasis	
Due to	
Other conditions Hepatitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Bile in all organs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) MD
Address 3720 Washington Date signed 9/7/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Bergman
3720 Washington Ave
830 - 10 A.M.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John P. Buckley

Licensed Embalmer No. 1676

P. O. Address 3223 St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.