

FILED DEC 28 1945
Registration District No. **317**

Primary Registration District No. **6676**

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

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1. PLACE OF DEATH **St Louis**
 (a) County **Le May**
 (b) City or town **Le May**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
351 Horn Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME **Elizabeth Tieman**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Div 3**
 6. (b) Name of husband or wife **Robert Gamache** 6. (c) Age of husband or wife if alive **7th** years **1880**
 7. Birth date of deceased **Feb** (Month) **7th** (Day) **1880** (Year)

8. AGE: Years Months Days If less than one day
65 **10** **6** hr. min.

9. Birthplace **Ill** (City, town, or county) **1** (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **Herman Tieman**
 13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Tieman**
 15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Catherine Howell**
 (b) Address **351 Horn**

17. (a) _____ (b) Date thereof **12.15.45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Hope**

18. (a) Signature of funeral director **Fendler Undertaking**

(b) Address **7420 Michigan ave**

19. (a) **12-17-45** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **000**
 (c) City or town **St Louis Mo** **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **206 W Stines** **9**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) **1**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13/45**
 year **1945** hour **7 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **About 2.5 yrs** to _____ 19____
 that I last saw h. w. alive on **Dec 13** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Cardiac Dilatation **2 da.**
 Due to **Ch. Int. Nephritis & Edema** **1 mo.**

Due to **Richman's Nephrosis** — **2.5 yrs**
 Other conditions **1310**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature **[Signature]** (M. D. or other) **1**
 Address **7405 Mich W** Date signed **12/19/45**

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.