S. No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11815

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2635

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maryland Heights
(If outside city or town limits, write "RURAL")
(d) Street No. Dorsett & Apple Ave's. N.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Williams
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Curtis R
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec (Month) 21 (Day) 1888 (Year)
8. AGE: Years 57 Months 2 Days 24 If less than one day hr. min.
9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Tiepelmann
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Vogt
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Curtis R. Williams
(b) Address Maryland Heights, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504-Woodson Rd-Overland, Mo.
19. (a) MAR 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1946 hour 12 minute 05 P. M.
21. I hereby certify that I attended the deceased from 3-8-46, 19..., to 3-17, 1946; that I last saw her alive on 3-17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremia — 1 day
Chronic cholecystitis — 3
Due to Non-calculous
Due to
Other conditions (Include pregnancy within 3 months of death) 122
Major findings: Of operations None
Of autopsy None

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 Thos M Martin (M. D. or other)
Address 634 No Grand Date signed 3/19/46

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar. F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (1x) 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 this body is not embalmed, fact should be so stated above.