

FILED MAY 16 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1006

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8729-Shirley Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 7 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Carsonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8729-Shirley Avenue 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Tiepelman

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Oct 3 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
X 7 4 hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

12. Name Earl Tiepelman

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Beverly Clark

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Tiepelman

(b) Address 8729-Shirley Av-Carsonville

17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Blumman Bros. Inc.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 5-8-46 (b) E. D. Mc Saran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from Death without medical attendance to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea Duration _____
119 a2

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No autopsy

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature E. D. Mc Saran M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 5/7/46

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

96
0
0

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..... *Harold K. Brown*

Licensed Embalmer No..... *4337*

P. O. Address..... *Overland*

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.