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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3205

Registrar's No. 1061

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:
3802 N. 25th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3802 N. 25th. Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Tiemann

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Julia

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

7. Birth date of deceased October (Month) 26 (Day) 1887 (Year)

8. AGE: Years 59 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Contrator

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

MOTHER
14. Maiden name Maria Apenbrink
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Minnie Tiemann
(b) Address 3802 N. 25th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Mortuary
(b) Address 3710 N. Grand Ave.

19. (a) JAN 31 1947 (Date received by Registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 30 day year 1947 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1944 to Jan 30, 1947 to , 19 ; that I last saw him alive on Jan 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis — Duration

Due to Carcinoma abdomen
Carcinoma Lung

Due to Primary Site in Stomach

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Nathan Bilsky (M. D. or other)

Address 27397 Grand Ave. Date signed Jan 30, 1947

(Licensed Embalmer's Statement on Reverse Side) Nathan Bilsky

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 V 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.