

FILED APR 30 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 14720

Registrar's No. 3655

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4511a ATHLONE AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... Boone
(c) City or town..... SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4511a ATHLONE AVENUE 9
(If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... FREDERICK L. TIEMANN

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... MALE 0 5. Color or race..... WHITE 6. (a) Single, widowed, married, divorced..... WIDOWED
6. (b) Name of husband or wife..... LATE JULIANA M. TIEMANN 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... DECEMBER 18th, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 27 hr. min.

9. Birthplace..... SAINT LOUIS, MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... SALESMAN

11. Industry or business.....

12. Name..... RUDOLPH TIEMANN

13. Birthplace..... GERMANY /
(City, town, or county) (State or foreign country)

14. Maiden name..... CAROLINE SCHWARTZ

15. Birthplace..... GERMANY /
(City, town, or county) (State or foreign country)

16. (a) Informant..... NORMAN H. TIEMANN

(b) Address..... 4511a ATHLONE AVENUE

17. (a) BURIAL (b) Date thereof..... 4/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SAINT JOHN'S CEMETERY

18. (a) Signature of funeral director..... CALVIN F. FEUTZ

(b) Address..... 4828 NATURAL BRIDGE BOULEVARD

19. (a) APR 1 1948 (b) J. F. Bredebeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... APRIL day..... 15th
year..... 1948 hour..... 6 minute..... 30 A.M.

21. I hereby certify that I attended the deceased from
April 12 1948 to April 15 1948
that I last saw him alive on April 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Rupture Cardiac Dilatation 48 hrs

Due to..... Chronic myo carditis

Due to..... Chronic endo carditis

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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.....

23. Signature..... M. J. Kramling (M. D. or N.D.)

Address..... 4548 Harris Ave. Date signed..... 4/16/48

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

MOTHER FATHER

DR. W. F. KRENNING,
4548 HARRIS AVENUE,
1 to 2 P. 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 A. Mlinar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis 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.