

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21401

State File No. _____
Registrar's No. 5260

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4956 Alcott
(d) Length of stay: In hospital or institution 60 years
In this community 60 years

3: (a) PRINT FULL NAME Mary Tiemann
3: (b) If veteran, name war _____
3: (c) Social Security No. None
4. Sex Female 5. Color or race White
6: (a) Single, widowed, married, divorced Married
6: (b) Name of husband or wife George Tiemann
6: (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July 26th 1877

8. AGE: Years 70 Months 10 Days 10
If less than one day hr. min.

9. Birthplace Highland Illinois

10. Usual occupation At home
11. Industry or business Household

12. Name Jacob Schneider
13. Birthplace ? Switzerland
14. Maiden name Mary ??
15. Birthplace ?

16: (a) Informant Mr. George Tiemann
(b) Address 4956 Alcott Ave.

17: (a) Burial (b) Date thereof 6/9/1948
(c) Place: burial or cremation New Bethlehem Cemetery

18: (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Ave.

19: (a) JUN 9 1948 (b) J. F. Bredeek

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4956 Alcott Avenue
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6th
year 1948 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 1, 1948 to June 6, 1948
that I last saw her alive on June 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: general hypertension
Other conditions: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature R. B. Menovian (M. D. or other) M.D.
Address 5330 Geraldine Ave. signed 6/8/48

Dr. R. R. Menown
5330 Geraldine
11:00 a.m. to 1:00 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 Max L. Wayne

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis

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.