

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11187

State File No. \_\_\_\_\_

318

1003

Registrar's No. 2957

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) <u>50 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland 4231</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens</u>				d. STREET ADDRESS (If rural, give location) <u>2831 W. Kiltan 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richie</u> b. (Middle) <u>Lester</u> c. (Last) <u>Tiepelman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 27-50</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>3-27-49</u>	9. AGE (In years last birthday) <u>1 yr.</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Reynolds Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Amef</u>	
13a. FATHER'S NAME <u>Herman Tiepelman</u>			13b. MOTHER'S MAIDEN NAME <u>Bulah Wheatley</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Tiepelman</u> ADDRESS <u>2831 W. Kiltan Overland, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. *It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease (unclassified)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____</u> DUE TO (b) <u>Cardiac failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-27-50</u> <u>3/24/50</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7544</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar 27, 1950</u> , to <u>Mar 27, 1950</u> , that I last saw the deceased alive on <u>Mar 27, 1950</u> , and that death occurred at <u>1:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. Klingberg M.D.</u>				23b. ADDRESS <u>St. L. Childrens Hosp.</u>		23c. DATE SIGNED <u>3/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Brothers Inc</u> ADDRESS <u>2504 Woodson Overland Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
10.48

**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 3454

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland, 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.**