No. 300
10.48

0811

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

FILED AUG 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24281

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. James
c. LENGTH OF STAY (In this place) 9 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Soldiers Home Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. James 0811
d. STREET ADDRESS (If rural, give location) Soldiers Home

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) c. (Last) Tiemeyer

4. DATE OF DEATH (Month) (Day) (Year) July 28, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓
8. DATE OF BIRTH Feb. 12, 1878
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Charles A. Tiemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Soldiers Home Hospital, St. James, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: Three days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Dis. — Four years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7200

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) neither
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* July 26, 1950 *to* July 28, 1950, *that I last saw the deceased alive on* July 28, 1950, *and that death occurred at* 3:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE Charles H. Britton (Degree or title) M.D.
23b. ADDRESS St. James, Missouri
23c. DATE SIGNED July 29, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-28-1950
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. 7-31-50
REGISTRAR'S SIGNATURE Cora E. Burmingham
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.E. Licklider, St. James, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-3-50
Phelps County Health Officer,
County File Number 850
Date Filed 8-3-50

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed .....

Licensed Embalmer No. .....

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.