

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30554

FILED AUG 31 1953

State File No. 7721
Registrar's No. 7721

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 7721 | | Registrar's No. 7721 | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____ | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | | c. LENGTH OF STAY (In this place) LIFETIME | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | | | e. STREET ADDRESS 26 3951 No. 20th | | f. (If rural, give location) 2269 0 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) Minnie | | | a. (First) | | b. (Middle) | | c. (Last) Woehler | | 4. DATE OF DEATH (Month) (Day) (Year) 8-5-53 | | | | |
| 5. SEX F / | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 | | 8. DATE OF BIRTH August 18, 1881 | | 9. AGE (In years last birthday) 71 | | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |
| 13a. FATHER'S NAME Henry Tieman | | | | 13b. MOTHER'S MAIDEN NAME UNK HUFFENDIECK | | | | 14. NAME OF HUSBAND OR WIFE DECEASED | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Medical Record | | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| <p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | | | | | | | 2 Days | | | |
| | | <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Hypertensive C-V Disease</p> | | | | | | | | 1 Hour | | | |
| | | <p>DUE TO (c) ? Pulmonary Embolism</p> | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 420.1 | | (COUNTY) | | (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 8-3 19 53, to 8-5 19 53, that I last saw the deceased alive on 8-5 19 53, and that death occurred at 9:13P m., from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE Joseph V. O. Donnell M.D. (Degree or title) | | | | 23b. ADDRESS 1515 Lafayette Ave. | | | | 23c. DATE SIGNED 8-5-53 | | | | | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 8-8-53 | | 24c. NAME OF CEMETERY OR CREMATORY BETHLEHEM CEM | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO | | | | | | | |
| DATE REC'D BY LOCAL REG. AUG 7 1953 | | REGISTRAR'S SIGNATURE J. C. Smith M.D. Registrar | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3934 N. 20th | | | | | | | |

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

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.....
Signature of Student Embalmer

Signed *Gustav W. Aretz*

Licensed Embalmer No. *432*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.