

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39267

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2620</u>									
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, give name before death.) a. STATE <u>MO</u>				b. COUNTY <u>JEFFERSON</u>							
b. CITY (If outside corporate limits, write RURAL and give town) <u>VALLEY PARK</u>		c. LENGTH OF STAY (in this place) <u>ON JOB</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>		d. STREET ADDRESS <u>25 CROCKETT</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ON BRIDGE AT TIMES BEACH</u>				d. STREET ADDRESS <u>25 CROCKETT</u>				2361							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ROY</u>			b. (Middle) <u>EDWARD</u>			c. (Last) <u>TIEFENBRUNN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 4, 1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 14, 1912</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>ROBBERY</u>				11. BIRTHPLACE (State or foreign country) <u>MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>ARTHUR TIEFENBRUNN</u>				13b. MOTHER'S MAIDEN NAME <u>MARY McDERMOTT</u>				14. NAME OF HUSBAND OR WIFE <u>MARIE BACON TIEFENBRUNN</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR II</u>				16. SOCIAL SECURITY NO. <u>499-03-2641</u>				17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARIE TIEFENBRUNN SULLIVAN</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>11 hr. 15 min.</u>			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u>											
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
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) (COUNTY) (STATE) <u>7955</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Herbert R. Donke, M.D., Local Registrar</u>								23b. ADDRESS <u>651 S. Brentwood Blvd.</u>				23c. DATE SIGNED <u>11-14-55</u>			
24a. NAME OF CEMETERY OR CREMATORY <u>CROW CEMETERY</u>				24b. DATE <u>NOV. 7, 1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>SULLIVAN</u>				24d. LOCATION (City, town, or county) (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-9-55</u>				REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. H. H.</u>				ADDRESS <u>Sullivan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

J. P. Humphrey

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.