

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42701
State File No. _____
Registrar's No. **11336**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 6 wks.		c. CITY OR TOWN ARNOLD, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		• STREET ADDRESS (If rural, give location) ARNOLD, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First)	b. (Middle)	c. (Last)	DEC. 24. 1955		
JOSEPH S. TIEFENBRUNN					

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 18 1874	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONTRACTOR			10b. KIND OF BUSINESS OR INDUSTRY BRICK WORK	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOSEPH TIEFENBRUNN SR.		13b. MOTHER'S MAIDEN NAME MARY (UNKNOWN)		14. NAME OF HUSBAND OR WIFE ANNA TIEFENBRUNN, DEC.	
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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 RAY TIEFENBRUNN, ARNOLD, Mo		ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		3 months
	DUE TO (c) Pleural effusion		2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia Ca. lung			?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.0 H	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March, 1955** to **Dec 24, 1955**, that I last saw the deceased alive on **14 Dec, 1955**, and that death occurred at **1:50 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Paul W. ...	(Degree or title)	23b. ADDRESS 5203 Chippewa	23c. DATE SIGNED 12/25/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC. 24-1955	24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION	24d. LOCATION (City, town, or county) (State) ARNOLD Mo
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DATE REC'D BY LOCAL REG. DEC 27 1955	REGISTRAR'S SIGNATURE J. Earl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME	ADDRESS IMPERIAL Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1966

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 *Elmer A. Hiltz*

Licensed Embalmer No. 35

P. O. Address *J. H. Hiltz*

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.