

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43992

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10743**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before death)		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis			c. CITY OR TOWN Florissant		St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN			d. STREET ADDRESS Route # 3 Box 150		4000
3. NAME OF DECEASED (Type or print) First Henry Middle Carl Last Tiemann			4. DATE OF DEATH Month Day Year Nov. 23, 1956.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1870	9. AGE (In years last birthday) 86	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Baden Station, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Henry Tiemann			14. MOTHER'S MAIDEN NAME Charlotte Bangert		
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 Alfred Tiemann, Florissant, Mo.		
18. CAUSE OF DEATH - [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> .NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>Nov 11</u> to <u>23 Nov</u> and last saw her alive on <u>23 Nov</u> Death occurred at <u>3:30</u> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <u>M. D. Bishop M.D.</u> (Degree or title)			22b. ADDRESS <u>Florissant Mo</u>		22c. DATE SIGNED <u>11/24/52</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
Removal		11/26/56.	Bethlehem Cemetery		St. Louis County, Mo.
24. FUNERAL DIRECTOR WHITE CHAPEL, FERGUSON, MO.			25. DATE RECD. BY LOCAL REG. NOV 26 1956		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 E. E. Province

Licensed Embalmer No. 34

P. O. Address Quincy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.