

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015852
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. Primary Registration District No. Registrar No. 3861

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 4126 a California
3. NAME OF DECEASED (Type or print) First Nettie Middle L. Last Tiemann			4. DATE OF DEATH Month Apr. Day 17 Year 1959
5. SEX Female	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 June 22, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Printer		10b. KIND OF BUSINESS OR INDUSTRY Clayton Prt. Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Frederick Hartmann		13b. MOTHER'S MAIDEN NAME Abele	14. NAME OF HUSBAND OR WIFE Louis Tiemann (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bernice Brecht Address 608 Boenecke ST. L. 25	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) H E V D			7
DUE TO (c) A S H D			7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE 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 2/23/59 to 4/17/59 and last saw her/him alive on 4/17/59 Death occurred at 10:45 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Charles M. Schumacher</i>		22b. ADDRESS 407 5th Street	22c. DATE SIGNED 4/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY ST. Matthews Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St.		25. DATE RECD. BY LOCAL REG. APR 20 '59	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

KIENZLE

4075 S. GRAND

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 *Jack Haupt*
Licensed Embalmer No. *5746*
P. O. Address *Adrian*

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.