

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019706  
STATE FILE NUMBER  
2 5078

FILED JUN 4 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GOOD SAMARITAN HOME 12 yrs.</b>		Length of stay in lb	d. STREET ADDRESS <b>5200 S. Broadway</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>SOPHIA</b> Middle <b>W.</b> Last <b>TIEKEMEIER</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>24</b> Year <b>1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 6, 1866</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years at birthday) <b>92</b> FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>F. MATHIAS KOHRING</b>		13b. MOTHER'S MAIDEN NAME <b>M. WILHELMINA BIRKENKEMPER</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM TIEKEMEIER</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT Address <b>Harold Kohring, 1977 Wyoming Street.,</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute cardiac failure</i> DUE TO (b) <i>Ch. myocarditis</i> DUE TO (c) <i>Gen. arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>8 hr</i>
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.) <i>422.1</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <i>12/2/58 to 5/24/59</i>		20f. COUNTY STATE	
21. I attended the deceased from Death occurred at <i>7:45 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <i>5/22/59</i> and last saw her alive on <i>5/22/59</i>	
22a. SIGNATURE <i>W.T. Heuer MD</i> (Degree or title)		22b. ADDRESS <i>5203 Chicago</i>	
22c. DATE SIGNED <i>5/25/59</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-27-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>		23e. LOCATION (State)	
24. FUNERAL DIRECTOR <b>Bensiek-Niehaus, 1131 Union Blvd.,</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 26 '59</b>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		26. REGISTRAR'S SIGNATURE	

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. J. J. ...  
Chicago, Ill.

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 ..... *Walter A. Thompson*

Licensed Embalmer No. *457*

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.