

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037236

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2810

FILED OCT 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4005
24000

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94200

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1246-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St Louis</u>	e. STATE <u>MISSOURI</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside of St. Louis, give TOWNSHIP only) OR TOWN <u>St Louis</u>	Length of stay in 1b <u>4 1/2 yrs</u>	c. CITY OR TOWN <u>St Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>S. MARYS</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1175 RIVERVIEW TR.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>SI SISTER MARY REGIS TIESMEYER</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> Year <u>1962</u>			
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 7/1882</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RELIGIOUS</u>	11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>HENRY TIESMEYER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HEISTERSTEIN</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>SISTER M NICOLETTA 1175 RIVERVIEW TR.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Myocardial Infarction</u>	<u>1 hr</u>
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Heart Disease</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>
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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
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21. I attended the deceased from 8 am 9/26/62 to 9/29/62 and last saw her alive on 9/27/62
Death occurred at 8 am 9/28/62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Theodore Dubuque Jr MD</u>	22b. ADDRESS <u>634 N. Grand</u>	22c. DATE SIGNED <u>9/29/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>oct 1 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VILLA GESAU</u>	23d. LOCATION (City, town, or county) <u>St Louis</u>	(State) <u>Mo</u>
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24. FUNERAL DIRECTOR <u>HEITZENROEDER FUNERAL HOME</u>	ADDRESS <u>8319 HALLS FERRIS</u>	25. DATE RECD. BY LOCAL REG. <u>9/29/62</u>	26. REGISTRAR'S SIGNATURE <u>J. M. Murphy MD</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 J. W. Dinsley
Licensed Embalmer No. 3653

P. O. Address J. L. Lusk

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.