

I

1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12781

1. PLACE OF DEATH

County **St. Louis**

Registration District No. **785**

File No. _____

Township _____

Primary Registration District No. **3037**

Registered No. **71**

City **Kirkwood**

(No. **775 East Monroe Ave.**)

St. _____ Ward _____

2. FULL NAME **Rudolph G. Timpte**

(a) Residence No. **775 E. Monroe Ave.** St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Theresa Timpte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 13th. 1860**

7. AGE

67

YEARS

2

MONTHS

15

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Superintendent**

(b) General nature of industry, business, or establishment in which employed (or employer) **Ways & Means.**

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Joseph Timpte**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

14. INFORMANT **Mrs. J. Timpte**
(Address) **755 E. Monroe Ave. Kirkwood Mo.**

15. FILED **5/10. 1927** **C. C. Barnett, M.D.**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Apr. 1927**

17. I HEREBY CERTIFY, That I attended deceased from **3-1-27**, 19**27** to **Apr. 28**, 19**27** that I last saw him alive on **Apr. 21**, 19**27**, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary infarct
94B

CONTRIBUTORY (SECONDARY) **Thrombosis of Coronary Artery** (duration) _____ yrs. **8** mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Chemical & Anatomical**

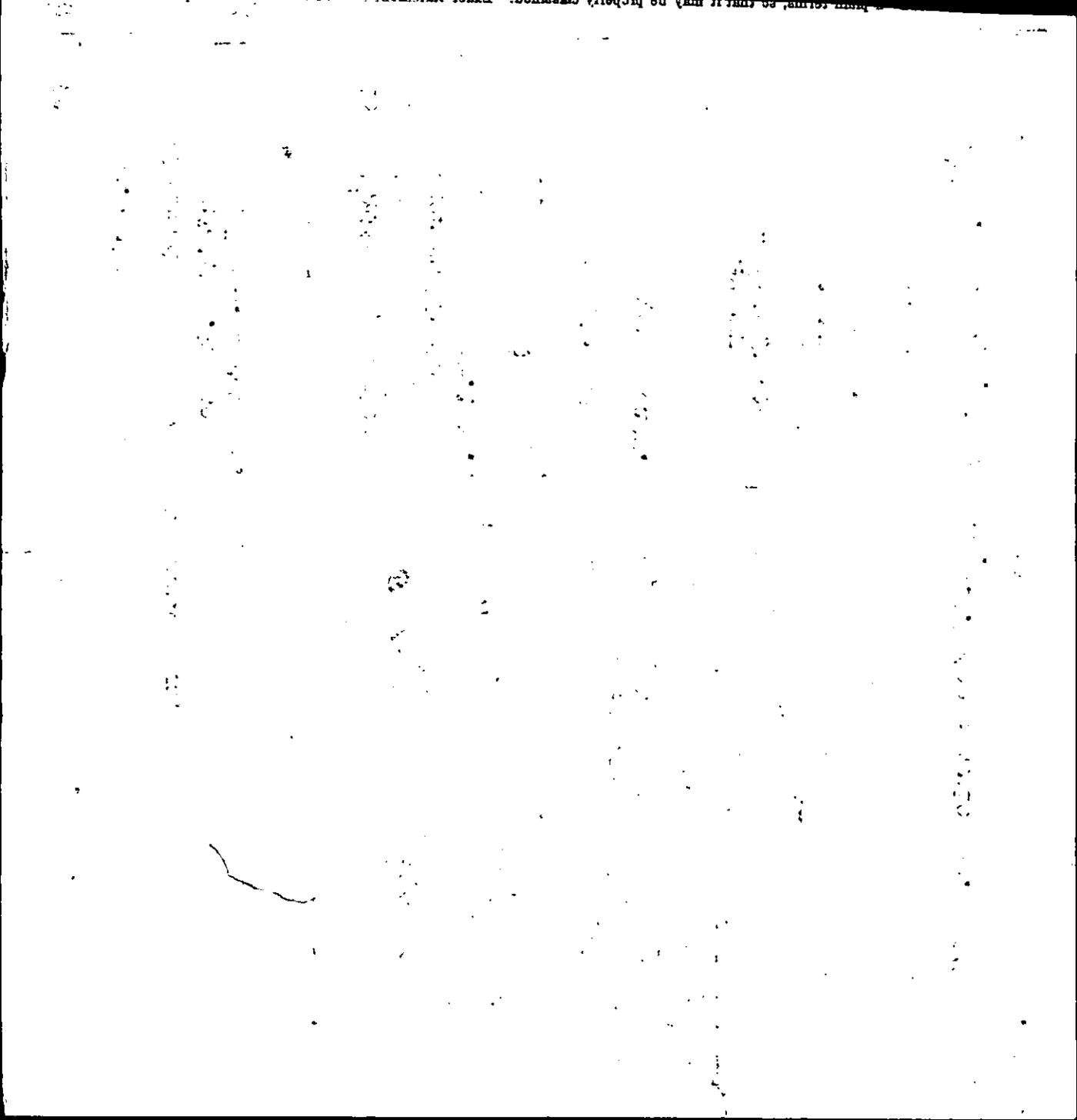
(Signed) **P. S. Buckner, M.D.**

Apr. 28, 1927 (Address) **3147 D. Jeff. Ave.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **S.S. Peter & Pauls Cem.** DATE OF BURIAL **4/30 1927**

20. UNDERTAKER **Walker-Helderle** ADDRESS **2331 S. Bdway.**



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No.
 Township Northwood Primary Registration District No. 3037 Registered No. 71
 City Northwood (Name) St. Ward)

2. FULL NAME

(a) Residence No. St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 5/10, 1927 C. E. Barnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28th 1927

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated, at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Coronary infarct effecting the myocardium

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. da. 9/10/22
 (a) Home (duration) yrs. mos. da. 9/10/22
 (b) Work (duration) yrs. mos. da. 9/10/22

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: 9/10/22

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) H. Zuckbauer M. D.
 , 19 (Address) 3147 S. Jeff. Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19.....

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-12781