

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

Do not use this space.

32378

**1. PLACE OF DEATH**

County St. Louis County  
Township Central  
City St. Vincent's Sanitarium (No.                     )

Registration District No. 189  
Primary Registration District No. 603303  
St.                      Ward                     

File No.                       
Registered No. 289

**2. FULL NAME** Fred Timmerman

(a) Residence. No. St. Vincent's Sanitarium Ward.                       
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 12 mos.                      ds.                      Unknown (If nonresident, give city or town and State) yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 72 years Unknown Unknown

8. OCCUPATION OF DECEASED Moulder  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) St. Louis Iron & Machine Works  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Gerhart Timmerman

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

12. MAIDEN NAME OF MOTHER Mary Robert

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

14. INFORMANT Sister Raphael, Supt.  
(Address) St. Vincent's Sanitarium

15. FILED 7/16 19 31 Spec. Insp. W. S. - REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1931

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to Sept 15, 1931, that I last saw him alive on Sept 14, 1931, and that death occurred, on the date stated above, at 9:10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Haemorrhage (apoplexy)  
27 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) Essential arterial sclerosis  
27 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH                     

DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS                     

(Signed) Eugene J. O'Keefe, M. D.

Sept 15, 1931 (Address) Missouri Highway

\*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 Calvary DATE OF BURIAL Sept 18 1931

20. UNDERTAKER Kriegshauser ADDRESS 819 Ringhighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1931

