

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 17 1934

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

Do not use this space.

26231

1. PLACE OF DEATH

County St. Louis Register District No. 333
Township Ferguson Primary Registration District No. 4468
City Floissant, Mo. Floissant, Mo. St. _____ Ward _____

File No. _____
Registered No. 157

2. FULL NAME

(a) Residence, No. Floissant, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF August Ebbesmeyer

22. I HEREBY CERTIFY That I attended deceased from March 1, 1934 to July 20, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1857

I last saw her live on July 20, 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.

7. AGE YEARS 77 MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Diabetes Mellitus 1924

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

High heat 191

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

13. NAME Bernard Timmerman

What test confirmed diagnosis? _____ Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Mary Bierman

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Manner of injury _____ Nature of injury _____

17. INFORMANT Mary Ebbesmeyer (ADDRESS) Floissant, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

18. BURIAL, CREMATION, OR REMOVAL Interred Heard Cemetery DATE July 23, 1934

If so, specify _____ (Signed) J. J. Millmann, M. D.

19. UNDERTAKER (ADDRESS) Jos. W. Clark 1175 Hodiament Ave.

(Address) Floissant, Mo.

20. FILED Aug 22, 1934 J. A. Gutter Registrar

