

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

Isolation Hospital. BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43501

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **Isolation Hospital**) St. _____ Ward _____

2. FULL NAME **Joan Timmermann**

(a) Residence, No. **255 Lemay Ferry** St. **N.R** Ward. **Luxemburg Mo**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **4** yrs. **1** mos. **8** ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 12th 1933**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME **Walter Timmerman**

14. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

15. MAIDEN NAME **Marie Buehler**

16. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

17. INFORMANT **Stella Grady**
(ADDRESS) **5600 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Dec. 23 37**

19. UNDERTAKER **C. Hoffmeister U. & L. Co.**
(ADDRESS) **7814 S. Broadway**

20. FILED **DEC 21 1937** **J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 20 1937**

22. I HEREBY CERTIFY That I attended deceased from **DECEMBER 13 1937** to **December 20 1937**

I last saw her alive on **December 20 1937** Death is said to have occurred on the date stated above, at **2:45 P. m.**

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

ENCEPHALITIS - PostMEASLES 12-13
(non-epidemic)

Other contributory causes of importance: **Bronchopneumonia 12-19**

Name of operation **none** Date of _____
What test confirmed diagnosis? **L.P.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____

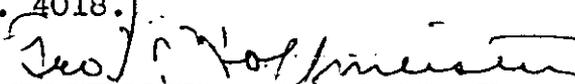
(Signed) **T. Young** M. D.
(Address) **5600 Arsenal**

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.

100M-1-20-31
X7044

I, Mr. George W. Hoffmeister, Licensed Embalmer
No. 2426, hereby certify that the body recorded
on the reverse side of this certificate was em-
balmed by Linus C. Hoffmeister, L. No. 3871, and
Virgil Berryman, L. No. 4018.



Licensed Embalmer
No. 2426