

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D JUN 9 1938

16260

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City (d) Street No. 1061 Hornsby Ave. Registered No. 4121
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles J. Timmerman, 56.5
 (a) Residence, No. 1061 Hornsby Ave. St. 8
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Timmerman,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 9 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tinner
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Charles Timmerman,

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

MOTHER 15. MAIDEN NAME Dora Behrens,

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

17. INFORMANT Anna Timmerman,
 (ADDRESS) 1061 Hornsby Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friednes DATE 5/5/38

19. FUNERAL DIRECTOR W. A. Stock Und. Co.
 (ADDRESS) 2117 E. Grand Blvd.

20. FILED MAY - 4 1938 J. B. Brudick
 (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1938, to 5-2, 1938

I last saw him alive on 5-2, 1938 Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Chronic endocarditis

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation Date of
 What test confirmed diagnosis? Eyem 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.

Manner of injury
 Nature of injury

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

(Signed) Hallein, M. D.

(Address) 5074 N. Union Blvd

Harry A. Klein
507 1/2 N. Union

Mar 10 1920.

STATEMENT BY LICENSED EMBALMER

I, Frank A. Moore, Licensed Embalmer No. 3041

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Frank A. Moore
Licensed Embalmer No. 3041

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.)