S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39230

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2608

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4051 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Charles H.A. Timmerberg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Othelia Timmerberg

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. (Month) 16th (Day) 1861 (Year)

8. AGE: Years 82 Months 2 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

FATHER
12. Name Charles H. Timmerberg
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Sophia Simon
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Othelia Timmerberg
(b) Address 4051 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 26 1943 (Date received local registrar) (b) E. D. McGavran, M. D. (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd year 1943 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from 9-24-43 ....., 19..., to 11-22, 1943 that I last saw him alive on 11-22, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease z Uremia	
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

93d

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature E. E. Friedewald (M. D. or other) 0
Address 3320 N. Kingshighway Date signed 11-23

709 (Licensed Embalmer's Statement on Reverse Side)

3320 N Kingshighway
4 & 27 W. Fairlie
Mu: 3083

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.