

FILED JUN 24 1944
Registration District No. 317

Primary Registration District No. 3070

State File No. _____
Registrar's No. 1326

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
437 So. Laclede Sta Rd.
(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:
(a) State Mo (b) County St. Louis
(c) City or town Webster Grove Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 437 So. Laclede Rd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary A Timpe
(b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 16
year 1944 hour 1.20 PM minute _____ M.
21. I hereby certify that I attended the deceased from 12-8-43
_____ 19____ to 6-11 _____ 1943
that I last saw her alive on 6-11 _____ 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 28 1853
(Month) (Day) (Year)

Immediate cause of death C-V-R disease
Duration 6 mos

8. AGE: Years 91 Months 2 Days 18
If less than one day hr. _____ min. _____

Due to arteriasclerosis
Due to senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 131a

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
10. Usual occupation Housework

11. Industry or business At Home
12. Name Wencelaus Hankap
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Elizabeth Eiler
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Elizabeth Ferner
(b) Address 437 So. Laclede Sta Rd

17. (a) Burial (b) Date thereof 6 19 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshausner Und Co
(b) Address 4228 So. Kingshighway Blvd
19. (a) JUN 20 1944 (b) C. J. McCarver, M.D.
(Date received local registrar) (Registrar's signature)

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 B. B. Gummel (M. D. or _____)
Address 1116 McCarver Date signed 6-17-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

~~Dr. Crow~~

~~1-1-30~~

The Elmwood

Clay to Mc Casland

4-6

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. Mc Dermott*

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.