No. 2
—S-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21232

State File No.

FILED JUN 20 1946

Registration District No. 209

Primary Registration District No. 6050

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural West Alton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 77 yrs 1 Mo. 6dys
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles 92

(c) City or town Rural West Alton, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Francis X. Timmermeier

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sarah Timmereier

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. (Month) 25th, (Day) 1869 (Year)

8. AGE: Years 77 | Months 1 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace St Charles Co. (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Henry Timmermeier
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 0

MOTHER
14. Maiden name Francis Neiters
15. Birthplace St Louis, (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Russell Timmermeier
(b) Address West Alton, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3/46 (Month) (Day) (Year)
(c) Place: burial or cremation St Francis Cemetery

18. (a) Signature of funeral director Ben F. Stalin
(b) Address Alton, Illinois.

19. (a) 5-3-46 (Date received local registrar) (b) H. W. Grasser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st, year 1946 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from /, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0

23. Signature (M. D. or other)
Address Date signed

366

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1950

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.....

Licensed Embalmer No.....

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.

. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 309 Primary Registration District No. 6050 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 77 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town West Alton
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Francis X. Timmermeier

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Sarah

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

7. Birth date of deceased Feb (Month) 25 (Day) 1867 (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER
12. Name Henry Timmermeier
13. Birthplace (City, town, or county) Ash (State or foreign country)

MOTHER
14. Maiden name Francis Nerters
15. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Russell Timmermeier
(b) Address West Alton, MO

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation St Francis Cemetery

18. (a) Signature of funeral director Ben F. Statin
(b) Address Alton, Illinois

19. (a) 5-3-1946 (Date received local registrar) (b) T W Grasser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Jan 15, 1925, to March 31, 1946 that I last saw him alive on March 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	10 years
Due to General Arterio Sclerosis	15 years
Due to Multiple Sclerosis of the Cardiac	22 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

93d

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 C. A. Barnard (M. D. or other)
Address Portage Des Sioux Date signed 7/14/46

SUPPLEMENTARY

2010

21232