

No. 2
12-45
17-39
X47070

FILED JUL 15 1947
Registration District No. _____

Primary Registration District No. 8069

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

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. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred C. Timmerman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maude

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

7. Birth date of deceased Sept. 19 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>12</u>	hr. min.

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

10. Usual occupation Retired Broker

11. Industry or business _____

MOTHER FATHER

12. Name John H. Timmerman

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

14. Maiden name Mary W. Kugler

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude T. Cherry

(b) Address 303 Bristol Rd. Webster Groves

17. (a) Cremation (b) Date thereof 7/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 7-3-47 (b) Robert G. Sharp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 530 N. Union Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 at 9:30 hour P minute _____ M.

21. I hereby certify that I attended the deceased from June 10 1947 to July 1 1947
that I last saw him alive on July 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 2 days

Due to Pyelonephritis + Pelvic abscess

Due to Urinary obstruction + prostatic

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings: Cautery punctured

Of operations _____

Of autopsy As above

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) _____

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? _____

While at work? _____ (Specify type of place)

23. Signature R. Kusella (M. D. or other) 0

Address 3720 Washington Date signed 7/2/47

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

Peter B. Dechnouille

Licensed Embalmer No.

3691

P. O. Address

Reckman Heights

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.