. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26142

Registrar's No. 6825

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

1. PLACE OF DEATH:
(a) County ~~St. Louis~~
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City 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 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4980a Pernod 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ---------

3. (a) PRINT FULL NAME Emil F. Timm
3. (b) If veteran, name war -----
3. (c) Social Security No. 492-07-8319

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian M. Stuehmeyer
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased November (Month) 21, (Day) 1905 (Year)

8. AGE: Years 41 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Mutual Savings Life Ins. Co.
FATHER
12. Name Emil C. Timm
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Charlotte Stuehmeyer
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Lilliam M. Timm
(b) Address 4980a Pernod
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JUL 21 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1947 hour 6 minute ~~1.50~~ 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.

Immediate cause of death Hemorrhage due to Gun shot wound of head Self inflicted at his home

Due to July 21 1947 Short

Due to Time Unknown

Other conditions
(Include pregnancy within 3 months of death)

164

Major findings:
Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 21 1947
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury As above

23. Signature Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 7/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 N. Louis Ave

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.