

FILED JUL 26 1947
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6861

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
5073 Rhodes Ave.
(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 Missouri (b) County _____

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

(d) Street No. 5073 Rhodes Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph D. Timmermann

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 Married

6. (b) Name of husband or wife Mary I. Timmermann

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: June 30 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	--	20	hr. min.

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

10. Usual occupation Teller - Boatmans Natl. Bank.

11. Industry or business Retired 10 years

MOTHER FATHER

12. Name Theodore Timmermann

13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Runder

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

16. (a) Informant Mrs. Mary I Timmermann

(b) Address 5073 Rhodes Ave.

17. (a) Burial (b) Date thereof July 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) JUL 22 1947 (b) J.F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1947 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 26, 1947 to July 20, 1947
that I last saw the alive on July 20, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Edema of both lungs (acute)
diabetes

Due to _____

Due to _____

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

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. Clay Wilson (M. D. or other) _____

Address 5912 S. Lincoln Highway Date signed 7-21-47

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe S. Benz
.....
Licensed Embalmer No. 4249

2842 Meramec St.
P. O. Address..... St. Louis, 18, Missouri.

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.