No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28280

Registrar's No. 6986

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: ST LOUIS STATE HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: over 1 YR. (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 609
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5400 Arsenal (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: FRANK TIMPONE
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: W.
6. (a) Single, widowed, married, divorced: S.
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) Aug (Day) 28 (Year) 1903
8. AGE: Years 44 Months 11 Days 9 If less than one day hr. min.
9. Birthplace: (City, town, or county) St Louis (State or foreign country) Mo
10. Usual occupation: TINNERS HELPER
11. Industry or business:
FATHER 12. Name: Louis R. Timpone
FATHER 13. Birthplace: (City, town, or county) (State or foreign country) Italy
MOTHER 14. Maiden name: Agnes Foley
MOTHER 15. Birthplace: (City, town, or county) Vennice (State or foreign country) Italy
16. (a) Informant: Louis Timpone
(b) Address: 1918 Bdwy
17. (a) (Burial, cremation, or removal) Burial (b) Date thereof (Month) (Day) (Year) 8-10-48
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Guy Muller
(b) Address: 5041 Dillon
19. (a) (Date received local registrar) AUG 9 - 1948 (b) (Registrar's signature) J. Bredick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1948 hour 4.20 minute P M.
21. I hereby certify that I attended the deceased from May 1, 1946, to August 7, 1948; that I last saw him alive on August 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 day
Due to: Hypertensive vascular disease	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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):
(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: Paul T. Hartz (M. D. or other)
Address: 5400 Arsenal Date signed: 8-8-48

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 Ronald O Yahnke

Licensed Embalmer No. 3907

P. O. Address St Louis

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.