No. 300
10.48

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26966

State File No.

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6247 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan rural
c. LENGTH OF STAY (in this place): 19
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Johnson Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan - rural
d. STREET ADDRESS (If rural, give location): Johnson twp

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Heinrich George
c. (Last): Timmerman

4. DATE OF DEATH (Month) (Day) (Year): 7 - 16 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-14-1883
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Iron
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Cassie Timmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Cassie Timmerman
ADDRESS: 4004 Chouteau

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c) & hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 7-16, 1952, *that I last saw the deceased alive on* July 7, 1952, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. A. Lantz (Degree or title) MD
23b. ADDRESS: Nr Vine Sullivan Mo
23c. DATE SIGNED: 7-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-16-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 7/16/52
REGISTRAR'S SIGNATURE: Helen Kridall 403-0
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland - 4104
ADDRESS: Manchester

(Licensed Embalmer's Statement on Reverse Side)

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

Consulted office

AUG 9 1952

RECEIVED

1952

WASH. COUNTY HEALTH DEPT.

File No. 752-332

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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of San Luis }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4 day of Aug, 1952, before me appears Donald C. Acker, who, upon his oath, states that the original record of ~~birth~~ death for Heinrich G. Timmerman died 7-16-52, 19, in the State of Missouri, and which was filed at Jeff City Mo on, 19, should be corrected as follows:

Item No. 2 should read Heinrich G. Timmermann
Instead of Henry G.

Item No. should read
Instead of

Item No. should read
Instead of

Died Sullivan Mo

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Donald C. Acker Funeral Dir.
Rowland Mortuary Relationship.
4104 Manchester
Present Address.

Subscribed and sworn to before me this 4 day of Aug, 1952

My Commission expires 3-4-53

Ellen C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817

1952
S-26966