

FILED DEC 29 1943

Registration District No. 213

Primary Registration District No. 1003

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:  
1 sub 1818 Bacon  
(If not in hospital or institution, write street number or location)

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

In this community 6.5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 19

(c) City or town St. Louis 911  
(If outside city or town limits, write "RURAL")

(d) Street No. 1818 Bacon  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Agnes Timpane

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Louis S.

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

7. Birth date of deceased Aug 28 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Vincennes Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER

12. Name John Froehly

13. Birthplace Alsace Lorraine Fr.  
(City, town, or county) (State or foreign country)

14. Maiden name Belle Mueller

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

16. (a) Informant Louis Timpane

(b) Address 1818 Bacon St.

17. (a) Burial (b) Date thereof Dec 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galaxy Cem

18. (a) Signature of funeral director L. J. Mueller Chgo

(b) Address 5041 Delmar

19. (a) DEC 14 1943 (b) J. T. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 43 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 8 1942 to Dec. 11 1943  
that I last saw her alive on Dec. 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 4 years

Due to —

Due to —

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —

Of autopsy —

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) —

(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 Jos. P. Berman (M. D. or other) —  
Address 1225 - No. Grand Date signed 12/13/43

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

**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 W E Morris

Licensed Embalmer No. 3360

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.**