

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 19 1945  
318

STANDARD CERTIFICATE OF DEATH  
1003

State File No. **32447**  
Registrar's No. **8725**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: McMillan Barnes Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison **999**

(c) City or town Alton  
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Mc Kinley  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August L. Timpe

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex male (1) 5. Color or race white

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

6. (b) Name of husband or wife Florence J. Timpe

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec. 29th, 1899  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th  
year 1945 hour 11:20 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on October 5, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Larynx obstruction

Due to Actinomycosis of larynx

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy As above

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 FR Bradley (M. D. or other) \_\_\_\_\_  
Address McMillan Hospital Date signed 10-5-45

8. AGE: Years Months Days If less than one day

45	9	14	hr. _____ min. _____
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9. Birthplace Alton, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Owens Ill Glass Co.

12. Name William Timpe

13. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Jiles

15. Birthplace Unknown Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Timpe

(b) Address 1106 McKinley Alton, Ill.

17. (a) Alton, Ill Removal (b) Date thereof Oct. 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood - Alton, Ill

18. (a) Signature of funeral director Ben Steiner

(b) Address 220 Court St. Alton, Ill.

19. (a) Oct 9 1945 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

0  
7  
9

NOV 2 1945

**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 *Leland S Cunningham*.....

Licensed Embalmer No. *3542*.....

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.**