

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31593 00

FILED OCT 4 1948

Registration District No. 217

Primary Registration District No. 3069

State File No. _____
Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Redmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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)

3. (a) PRINT FULL NAME TIMMERMANN NIELSEN
3. (b) If veteran, name war None
3. (c) Social Security No. 347-03-5791 A

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertine Nielsen
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 1, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 6 hr. min.

9. Birthplace Skieve Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Retired 2 years

MOTHER FATHER { 12. Name Niels C. Nielsen
13. Birthplace Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Anna Marie
15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertine Nielsen
(b) Address 1338 Ferguson Avenue

17. (a) Burial (b) Date thereof Sept 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) 9-9-48 (b) Bevel G. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 1338 Ferguson Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7, 1948
year _____ hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from 8-25, 1948 to 9-7, 1948.
that I last saw him alive on 9-7 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of liver
Due to _____
Cancer of stomach
Due to _____
46 f
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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 Les Reilly (M. D. or other) MD
Address 8105 pos Blvd Date signed 9-9-48

Duration
4 mo
14 mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Gustav W. Dietrich

Licensed Embalmer No..... *4329*

P. O. Address..... *St. Louis Mo*

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.