

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16294

State File No.

FILED MAY 15 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4356

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

| | | | | | | | | | |
|---|------------------------|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | c. LENGTH OF STAY (If this place) 5-WKS. | | c. CITY OR TOWN University City | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | | | e. STREET ADDRESS (If rural, give location) 7805 Trenton Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Minnie | | | b. (Middle) Timmerherm | | c. (Last) Timmerherm | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Apr. 25, 1953 | | | | | | | | | |
| 5. SEX F | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. | | 8. DATE OF BIRTH Nov. 22, 1876 | | 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 3 Days 3 IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME William Hertweck | | | 13b. MOTHER'S MAIDEN NAME Frances Lehmann | | 14. NAME OF HUSBAND OR WIFE Joseph Timmerherm | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha Noll, 7805 Trenton Ave. | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Left Hemiplegia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Cerebral hemorrhage</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <i>March 21, 53</i> <i>1951</i> <i>March 21, 53</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>331X</i> | | | | | |
| 22. I hereby certify that I attended the deceased from <i>7:28</i> , 1951, to <i>7:25</i> , 1953, that I last saw the deceased alive on <i>7:25</i> , 1953, and that death occurred at <i>7:00 P.M.</i> from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Chris. Jost M.D.</i> | | | | 23b. ADDRESS <i>6000 W. Flouissant</i> | | 23c. DATE SIGNED <i>4:27.53</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE <i>Apr 29, 1953</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i> | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 28 1953</i> | | REGISTRAR'S SIGNATURE <i>J. Carl Smith</i> | | FUNERAL DIRECTOR'S SIGNATURE <i>McArthur J. Donnelly</i> | | ADDRESS <i>0 Lindell Blvd.</i> | | | |

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

from 1pm to 8pm.

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.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.