N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32845

SEP 15 1936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

File No. .....

Registered No. 8725

2. FULL NAME Lena Timm

(a) Residence, No. 5800 Arsenal St. St. Hospital Ward. 13
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred City Infirmary yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 20 1851

7. AGE: 1851 YEARS: 84 MONTHS: 8 DAYS: 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louiseville, Kentucky.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown

MOTHER

15. MAIDEN NAME: ? Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Unknown

17. INFORMANT (ADDRESS): E. Molony 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Aug. 25 1936

19. UNDERTAKER (ADDRESS): A. Kron L & U Co. 2707 N. Grand Blvd.

20. FILED AUG 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to August 22, 1936

I last saw her alive on August 22, 1936 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS

Date of onset

Other contributory causes of importance:

ARTERIOSCLEROSIS, generalized

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 5600 Arsenal