

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

23236
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Jefferson Primary Registration District No. 109
 (c) City Maplewood, (d) Street No. 7312 Gayola Plc., St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 526 Andrew Jackson Tims,
 (a) Residence, No. 7312 Gayola Plc. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1852

7. AGE YEARS 86 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Watchman
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Chester
 (STATE OR COUNTRY) South Carolina |

FATHER
 13. NAME Alfred Monroe Tims |
 14. BIRTHPLACE (CITY OR TOWN) South Carolina |
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Martha F. Colvin
 16. BIRTHPLACE (CITY OR TOWN) South Carolina
 (STATE OR COUNTRY)

17. INFORMANT Thomas C. Toy,
 (ADDRESS) 7312 Gayola Plc.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Grove DATE June 27 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
 (ADDRESS) Clayton Rd. at Concordia

20. FILED JUN 26 1939 DR. [Signature]
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 25, 19 39, to June 25, 19 39
 I last saw him alive on June 25, 19 39 Death is said to have occurred on the date stated above, at 2:20 P.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
94
 Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? clinical observation Was there an autopsy? NO.

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? No
 If so, specify.....
 (Signed) Truman G. Drake, M. D.
 (Address) 114 N. Taylor Ave

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.

STATE OF MISSOURI: VITAL STATISTICS DIVISION: THIS IS A PERMANENT RECORD

1 X 10603

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.....
.....
Licensed Embalmer No. 1994
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, above space should be left blank.