

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33710

Registrar's No. 8407

NOV 16 1940 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES 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 Lola Ruth Timmons3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lawrence 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased Aug. 19 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 19 hr. min.9. Birthplace Jackson Co. Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name James Beckett
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Melise Bagwell
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. L. Timmons(b) Address Cutler, Ill.17. (a) Removal (b) Date thereof 10-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Tilden, Ill.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) OCT 9 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
 (c) City or town Cutler NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8
year 40 hour 7⁵⁵ minute P M.21. I hereby certify that I attended the deceased from 9
24, 1940, to 10-8-40, 1940;
that I last saw her alive on 10-8-40, 1940
and that death occurred on the date and hour stated above.Immediate cause of death PULMONARY INFARCT Duration
BRONCHOPNEUMONIA

Due to _____

Due to _____

Other conditions ESSENTIAL HYPERTENSION
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

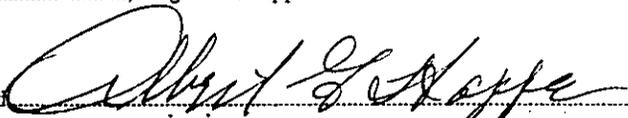
(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Howard R. Berman, M.D. (M. D. or other)Address BARNES HOSPITAL Date signed _____

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. 2971

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.