S. No. 2
M—5-42
v. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35990

Registrar's No. 9312

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 3400 S. Grand
Little Sisters of the Poor. 5
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 9, 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 S. Grand Blvd.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Timlin.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Catherine Timlin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 2, 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	3	4	hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Stephan Timlin
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kate Cronin
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Timlin Jr.
(b) Address 8024 Nolan Ave.,

17. (a) Burial (b) Date thereof Nov. 9/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cataw issa, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

NOV 8 1942 844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1942 hour 7.45 minute A.M.M.

21. I hereby certify that I attended the deceased from Oct 20, 1942, to Nov 6, 1942
that I last saw him alive on Nov 5, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch. Interstitial Nephritis	1 yr
Due to: Arterio Sclerosis	5 yrs
Due to:	
Other conditions (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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Amer Club Bl Date signed 11/7/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. E.P.Buddy,
University Club Bldg.,
1-3 P.M.
JE. 7534.

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.....3225.....

P. O. Address....1125 Hodiamont Ave.,....

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.