. S. No. 2
M—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR -- 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8849

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2489

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: 3700 N. MARKET ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 12

(c) City or town ST. LOUIS 9/11
(If outside city or town limits, write "RURAL")

(d) Street No. 3700 N. MARKET ST.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Dorothy TIMMONS

3. (b) If veteran, name war NONE

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 CHARLES

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased DEC (Month) 25 (Day) 1903 (Year)

8. AGE: Years 39 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name GEO BURKETT
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARIE WELLS
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant CHARLES TIMMONS
(b) Address 3700 N. MARKET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director A. Kron Und Co.
(b) Address 2707 N. Grand Blvd.

19. MAR 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Aug 10, 1941, to March 15, 1943 that I last saw her alive on March 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of lung	1942
Due to Lymphoblastoma of Mediastinum	1942
Due to Carcinoma of uterus	1941
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 Herman J. Klouda (M. D. or other) M.D.

Address 4621 Rockland Rd Date signed 3-15-43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Knollenberg

Licensed Embalmer No. 263

P. O. Address 2707 N Grand

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.