

FILED APR 23 1943
318
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY SANITARIUM 2
(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:

(a) State Mo (b) County 17
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 ARSENAL STR.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ANNE TIMLIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEB 25 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation MATRON

11. Industry or business CITY SANITARIUM

12. Name JOHN TIMLIN

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant John Timlin

(b) Address DUPON, ILL.

17. (a) BURIAL (b) Date thereof APR 14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director L. Mullenback Co

(b) Address 516 S DELMAR BL.

19. (a) APR 13 1943 (b) J. B. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1943 hour 3:45 minute 7 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull & laceration of the brain when she fell from a 3 foot ladder
Due to at City Sanitarium
about 11:35 A.M. April 7, 1943
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 18
25
70
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) Accident

(b) Date of occurrence April 7, 1943

(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work in Public Place

(Specify type of place) (e) Manner of injury _____

23. Signature Thomas F. Callender (or other) _____

Address Deputy Coroner Date signed 4-10-43

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.....

H. G. Harris

Licensed Embalmer No.....

3384

P. O. Address.....

H. G. Harris

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.