

LED JUN 14 1943

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **5164**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 14 days**
(Specify whether years, months or days)
 In this community **17 years**

3. (a) PRINT FULL NAME **Ophelia Timmons**

3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

4. Sex **F** **5. Color or Race** **Col** **6. (a) Single, widowed, married, divorced** **Widow**

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

7. Birth date of deceased **Jan 1st 1902**
(Month) (Day) (Year)

8. AGE: Years **41** Months **5** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Cumberland City, Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business _____

12. Name **Bud Slayden**

13. Birthplace **ERIN TENN**
(City, town, or county) (State or foreign country)

14. Maiden name **Corra Thomas**

15. Birthplace **ERIN TENN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bud Slayden**

(b) Address **3202 S. Compton**

17. (a) Burial **Burial** **(b) Date thereof** **6-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **Manuel Uno, Co.**
(b) Address **4059 Finney Ave**

19. (a) **JUN 4 1943** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3430 Lucas**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2,**
 year **1943** hour **1** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **April 19, 1943** to **June 2, 1943**

that I last saw her alive on **June 2, 1943;**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease; Chr. Nephritis-Unk. Uremia**
 Duration **1 month**

Due to _____

Due to _____

Other conditions **181**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature **J. E. Smith** (M. D. or other)
Address **2601 W. Butler** **Date signed** **6/5/43**

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No..... *2114*.....

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, fact should be so stated above.