V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25781

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1558

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

96 8 3

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town RICHMOND HEIGHTS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1314 WOODLAND DR. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 12 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96 8 3

(c) City or town RICHMOND HEIGATS. (If outside city or town limits, write "RURAL")

(d) Street No. 1314 WOODLAND (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANN FLORENCE TIMMERMAN

3. (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 ALFRED C. TIMMERMAN

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased NOV 1 (Month) 1887 (Day) (Year)

8. AGE: Years 56 Months 8 Days 19 If less than one day — hr. — min.

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

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name EDDY P DRAKE
13. Birthplace UNKNOWN (City, town, or county) MAINE (State or foreign country)

MOTHER
14. Maiden name LOUISA COPE
15. Birthplace LONDON (City, town, or county) ENGLAND (State or foreign country)

16. (a) Informant Alfred C. Timmerman

(b) Address 1314 WOODLAND DR.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY-22-1944 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO

19. (a) JUL 22 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 44 hour P minute a M.

21. I hereby certify that I attended the deceased from 2/25/44, 19__ to 7/20/44, 19__; that I last saw her alive on 7/19/44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 5 mo

Due to art. sclerosis. heart disease 2 yrs (arteriosclerotic heart disease)

Due to —

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

Major findings: Of operations —

Of autopsy —

Duration

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 [illegible] FALK (M.D. or other) [illegible]

Address Hiersfeldt Bldg Date signed 7/20/44

(Licensed Embalmer's Statement on Reverse Side)

Humboldt Hdq
Falk

SEP 18 1944

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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed C C Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo

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.