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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

843
State File No. _____
Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **550**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Floyd Timmons
3. (b) If veteran, name war No
3. (c) Social Security No. 709-07-5646

4. Sex Male 5. Color or race 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 August 16 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 4 29 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Farming & Railroad

12. Name Oscar Timmons

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

14. Maiden name Amelia Johnson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Paul Lavern Timmons
(b) Address 822 N. 13th St.

17. (a) Burial (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Cullinane Bros.
(Specify type of place)
(d) Address 1710 N. Grand Blvd.
(e) Means of injury _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) JAN 19 1945 (b) J. F. Bredeek
(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") 259
(d) Street No. 822 N. 13th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15th
year 1945 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from 1/12/45
_____ 19____ to 1/15/45 19____
that I last saw him alive on 1/15/45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculosis of lung
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Report not obtained

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?

23. Signature James J. Stout (M. D. or other) _____
Address 1515 Lafayette Date signed 1/15/45

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 *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.