

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012395
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2809**

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital | | Length of stay in lb 1 1/2 Weeks | d. STREET ADDRESS (If outside, give location) 6108 Gambleton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First FLORA Middle MAY Last THIMMIG | | | 4. DATE OF DEATH Month March Day 8 Year 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH January 13, 1892 |
| 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) -DuQuoin- Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME James Terry | |
| 13b. MOTHER'S MAIDEN NAME Martha Jane Robison | | 14. NAME OF HUSBAND OR WIFE -- | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 497-09-0911 | 17. INFORMANT Address Mr. Russell Thimmig - 6108a Plymouth Ave. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) sarcoma of uterus Sarcoma uterus | | | INTERVAL BETWEEN ONSET AND DEATH 2 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 174X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from 9-3-56 to 3-8-58 and last saw her alive on 3-7-58 Death occurred at 9:45 a m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Chas. Jost (Degree or title) M.D. | 22b. ADDRESS 6000 W. Florissant | 22c. DATE SIGNED 3-10-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE March 11, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair | 25. DATE RECD. BY LOCAL REG. MAR 10 '58 | 26. REGISTRAR'S SIGNATURE J. C. Smith M.D. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clement McQuay*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.