

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023761
STATE FILE NUMBER

FILED JUN 26 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1614

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1. PLACE OF DEATH a. COUNTY ST LOUIS,		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 NOFMANDY,		c. CITY OR TOWN ST LOUIS,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LADY OF GOOD COUNCIL HOME 6825 NATURAL BRIDGE		d. STREET ADDRESS (If outside, give location) 4247 ATHLONE AVE	
Length of stay in lb 7 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ANNA		4. DATE OF DEATH JUNE 13, 1959	
First Middle Last TIMLIN		Month Day Year	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 11, 1884
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOE WORKER	
11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PATRICK TIMLIN		13b. MOTHER'S MAIDEN NAME MARIA TIMLIN	
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. DON'T KNOW		17. INFORMANT ELIZABETH DEGNAN Address 4247 a ATHLONE 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) Sanguine of Rt foot Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic vascular disease DUE TO (c) Diabetes mellitus 260x			INTERVAL BETWEEN ONSET AND DEATH 1 month several years 10 yrs.
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 <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 1-18-48 - to June 13 '59 and last saw her alive on June 13, 1959 - Death occurred at 4:30 p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wayne O Gerke (Degree or title)		22b. ADDRESS 100 No Euclid	
22c. DATE SIGNED 6-15-59		23. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
23a. DATE 6/16/59		23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	
24. FUNERAL DIRECTOR STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE		25. DATE RECD. BY LOCAL REG. 6-15-59	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Locator, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

*Dr. Garcia
Jewell & W. Pine
Fol - 8687*

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 *M W Rueter*

Licensed Embalmer No. *4865*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.