

# FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

## FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 0 2 3

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **211244**

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b> Length of stay in 1b <b>4-wks.</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2304 So. 9th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>NICK</b> Middle <b>JOHN</b> Last <b>TIMAR</b>			<b>4. DATE OF DEATH</b> Month <b>DECEMBER</b> Day <b>3</b> Year <b>1959</b>				
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 7/12/91	<b>9. AGE</b> (last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) (retired) Baker		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> A. & P. Broc. Co.		<b>11. BIRTHPLACE</b> (City and state or country) <b>Romania</b>			
<b>12. CITIZEN OF WHAT COUNTRY</b> U.S.A.		<b>13a. FATHER'S NAME</b> John Timar		<b>13b. MOTHER'S MAIDEN NAME</b> Anna			
<b>14. NAME OF HUSBAND OR WIFE</b> Isabelle Vogel Timar		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no					
<b>16. SOCIAL SECURITY NO.</b> 492-01-1943		<b>17. INFORMANT</b> Address Isabelle Timar - 2304 So. 9th St.					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> DUE TO (b) <i>acute Monocytic Leukemia</i> DUE TO (c) <i>204.2</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 days 1 mo		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>						
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> _____ <b>STATE</b> _____			
<b>21. I attended the deceased from</b> <u>Nov. 6, 1959</u> , to <u>Dec. 3, 1959</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Dec. 3, 1959</u> Death occurred at <u>5:25</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <i>Robert M. Tenney MD</i>			<b>22b. ADDRESS</b> 1515 LAFAYETTE AVE.		<b>22c. DATE SIGNED</b> 12-3-59		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>23b. DATE</b> Dec. 7, 1959	<b>23c. NAME OF CEMETERY OR CREMATORY</b> New St. Marcary Cemetery		<b>23d. LOCATION</b> (City, town, or county) (State) St. Louis, Missouri			
<b>24. FUNERAL DIRECTOR</b> ADDRESS WACKER-HELDERLE-3634 Gravois Ave.		<b>25. DATE RECD. BY LOCAL REG.</b> DEC 4 1959		<b>26. REGISTRAR'S SIGNATURE</b> <i>Robert Smith M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Delis J. Krispin

Licensed Embalmer No. 3497

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.