

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025420

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

317
FILED JUL 2 1962

Primary Registration District No.

548

Registrar's No.

1858

VS 300
Rev. 4/59

4007
24007

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94200

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ-

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		Length of stay in 1b YRS-	c. CITY OR TOWN Webster Groves Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 44 Sylvester Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 44 Sylvester Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Timberlake Last Chandlee		4. DATE OF DEATH Month June Day 19 Year 1962	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/31/69
9. AGE (last birthday) 93		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Florissant, Mo.
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME Robert E. Timberlake	
13b. MOTHER'S MAIDEN NAME Henrietta Evans		14. NAME OF HUSBAND OR WIFE Joseph M. Chandlee	
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. none	
17. INFORMANT Joseph Chandlee, 44 Sylvester 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) Arteriosclerotic Heart Disease DUE TO (b) General Arteriosclerosis DUE TO (c) none Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 11:09 P.M. Month, Day, Year June 19, 1962		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 St. Louis, Mo. COUNTY St. Louis STATE Mo.	
21. I attended the deceased from July 1940 to June 19, 1962 and last saw him alive on 6-19-62		Death occurred at 11:09 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank A. Bailey M.D. (Degree or title)		22b. ADDRESS 3654 So. Grand	
22c. DATE SIGNED 6-21-62		23. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
23b. DATE 6/22/62		24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves, Mo. ADDRESS 6-21-62	
25. DATE RECD. BY LOCAL REG. 6-21-62		26. REGISTRAR'S SIGNATURE John Murphy M.D.	

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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer Signature of Student Embalmer

Lawrence M. Simon

Li

Licensed Embalmer No. 4343

P.

P. O. Address St. Louis Mo.

Note: The above ~~signature~~ **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.