

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

45

Do not use this space.

## 1. PLACE OF DEATH

(a) County CharlottesvilleRegistration District No. 791

(b) Township

Primary Registration District No. 1003Registered No. 45(c) City St. Louis, Mo!(d) Street No. City Hospital #1 St.

(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 545 KATE TIMLIN 2229 N. Market St. 20 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Anthony Timlin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

abt. 73

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

FATHER

13. NAME

Steve Timlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

MOTHER

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not known

17. INFORMANT

Mrs. D.J. Brady.

(ADDRESS)

3942 Congree Street, Chicago

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Cem. DATE Jan. 4th, 1939

19. FUNERAL DIRECTOR (NAME)

Henry Leidner Und.

(ADDRESS)

1417 N. Market Street.

20. FILED

JAN 8 1939

J. B. Bredich  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 1<sup>st</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from

12-26 1938 to Jan 1, 1939

I last saw her alive on Jan 1, 1939 Death is said

to have occurred on the date stated above, at 7:40 A. M.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis heart disease  
auricular fibrillation

Date of onset

Other contributory causes of importance:

generalized arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Edward J. Wren, M. D.

(Address) City Hosp. No. 1.

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.....

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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, above space should be left blank.