

13-40
17-39
X23159

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos 19 days
41 years 0 (Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULLNAME Walter Timms

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-12-4792

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Timms

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 18 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58	10	8	hr. <u>1</u> min.
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9. Birthplace Natchez Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Car cleaner

11. Industry or business Terminal R.R.

MOTHER FATHER

12. Name Harrison Timms

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Mary ?

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Timms

(b) Address 1208 a S Theresa

17. (a) Burial (b) Date thereof July 30 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk. Cem.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) Aug 28 1941 (b) J. W. Whittier
(Date filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 a S Theresa
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour 4:35 minute P M.

21. I hereby certify that I attended the deceased from May 7, 1941, to July 26, 1941, that I last saw him alive on July 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis Duration 10 years

Due to _____

Due to _____

Other conditions 151
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. Whittier (M. D. or other) D
Address 2601 N Whittier Date signed 7-28-41

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 *Joel Russell*

Licensed Embalmer No. *4112*

P. O. Address.....

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, fact should be so stated above.