DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 43043

FILED DEC 23 1946 318

Registration District No.

Primary Registration District No.

Registrar's No. 10929

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: Missouri Baptist Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76

(c) City or town Clayton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7316 Lindell Blvd., NR
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HENRY D. Timberlake.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Mabel H. Timberlake

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September (Month) 6 (Day) 1875 (Year)

8. AGE: Years 71 Months 3 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Traffic Manager

11. Industry or business National Stock Yards

FATHER
12. Name Francis Timberlake
13. Birthplace unknown (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Mary Fry
15. Birthplace unknown (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Mrs. Mabel H. Timberlake 1

(b) Address 7316 Lindell Blv'd., Clayton

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-20-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Kentucky

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd., St. Louis

19. (a) DEC 20 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1946 hour 11.9 m minute M.

21. I hereby certify that I attended the deceased from Sept 18 1946, to Dec 19 1946
that I last saw him alive on Dec 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left lung

Due to Also my of arteries coronary type.

Due to

Other conditions Chronic Sinusitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inoperable cancer left lung
Of autopsy

Duration

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 634 North Grand Date signed 12/19/46

(Licensed Embalmer's Statement on Reverse Side)

JE 7467
9:30 to 10:30/ 11 to 1

JUN 8 1953

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 Raymond L. Harris

Licensed Embalmer No. 4330

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.