

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3240**
00020
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Normandy	
c. LENGTH OF STAY (in this place) 5 min.		d. STREET ADDRESS (On rural, give location) 7026 Greenway Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) F. c. (Last) TIMLIN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 9, 1889		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months 0 Days 24	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY disabled veteran			

13a. FATHER'S NAME John Timlin		13b. MOTHER'S MAIDEN NAME Katherine Timlin		14. NAME OF HUSBAND OR WIFE Lydia E. Timlin nee Wendelburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lydia E. Timlin, 7026 Greenway ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency producing pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 4200
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Stenosis		
	DUE TO (c) interioclerotic heart disease		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-3-1950**, to **1-3-1950**, that I last saw the deceased alive on **1-3-1950**, and that death occurred at **12:17 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert Schie MD		23b. ADDRESS 601 Bentonwood Clayton		23c. DATE SIGNED 1-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/7/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. 1-5-50		REGISTRAR'S SIGNATURE Herbert A. Douke, MD		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Nat. Bridge ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address

St. Louis Mo

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.