

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15067

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3487

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET ADDRESS (If rural, give township) 3739 Oregon Ave.	
3. NAME OF DECEASED a. (First) John		b. (Middle) TIMLIN	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) APR. 14 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 17, 1879
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Missouri
10b. KIND OF BUSINESS OR INDUSTRY Retired		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Timlin		13b. MOTHER'S MAIDEN NAME Rosa Hartin	
14. NAME OF HUSBAND OR WIFE Minnie Timlin		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. 499-01-8390		17. INFORMANT'S SIGNATURE OR NAME Minnie Timlin	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma lungs.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>as above</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis / MO / IL</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11:20</u>		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 <u>Aug. 1944</u> to <u>April 14, 1950</u> , that I last saw the deceased alive on <u>April 14, 1950</u> , and that death occurred at <u>7 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. H. Maywood</u>		23b. ADDRESS <u>3606 Grandwood Ave</u>	
23c. DATE SIGNED <u>4-15-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>APR. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Bros. L. & G.</u>	
25. DATE REC'D BY LOCAL REG. <u>APR 16 1950</u>		25. ADDRESS <u>2929 S. Jefferson</u>	

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 _____

J. M. Davis

Licensed Embalmer No. *3741*

P. O. Address. *2929 Jefferson*

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.