

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22082

State File No. 5484

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5484</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2029</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5441 Goethe Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>			a. (First) _____		b. (Middle) _____		c. (Last) <u>TIMMER</u>		
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>20</u>		(Year) <u>1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sep't. 20, 1878</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Police Officer</u>		11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>			
13a. FATHER'S NAME <u>Henry Timmer</u>			13b. MOTHER'S MAIDEN NAME <u>Bridget Leonard</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Kissel</u> ADDRESS <u>5441 Goethe Ave.</u>					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <u>Auto</u>					
22. I hereby certify that I attended the deceased from <u>6-14</u> , 19 <u>50</u> , to <u>6-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-20</u> , 19 <u>50</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Masas Ohmads M.D.</u> (Degree or title) _____				23b. ADDRESS <u>16 Hampton Village, Clayton, Mo.</u>		23c. DATE SIGNED <u>6/22/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clayton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 23 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kingshighway Bl.</u>					

(Licensed Embalmers' Statement on Reverse Side)

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

16
1897
Boe
9-11-1900

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.