

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43811
16720

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. Shrewsberry			
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp				d. STREET ADDRESS (If rural, give location) 7125 Landsdowne. 4561			
3. NAME OF DECEASED (Type or Print) a. (First) Marion			b. (Middle) Timlin.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1950.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Nov. 7, 1897.	
9. AGE (In years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) North Carolina	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Hiram Hunter		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anthony Timlin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Timlin 7125 Nottingham			
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>all dilatation of heart</i> ANTECEDENT CAUSES DUE TO (b) <i>Ch. Mitral Stenosis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>Endocarditis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days 10 yrs ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H10 X</i>			
22. I hereby certify that I attended the deceased from _____, 1940, to 12/13, 1950, that I last saw the deceased alive on 12/13, 1940, and that death occurred at 2 A. M., from the causes and on the date stated above.							
23a. SIGNATURE <i>L. C. Miller</i> (Degree or title) M.D.				23b. ADDRESS 2608 S. Kingshighway		23c. DATE SIGNED 12/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 16, 1950.		24c. NAME OF CEMETERY OR CREMATORY Colver Cemetery		24d. LOCATION (City, town, or county) St. Louis, Mo. (State)	
DATE REC'D BY LOCAL REG. DEC 15 1950		REGISTRAR'S SIGNATURE <i>J. B. Sasser</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>J. J. Quinn</i> ADDRESS 1300 Union Bl'vd			

(Licensed Embalmer's Stamp on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 Ronald Yahrke

Licensed Embalmer No. 3917

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.