

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18773
State File No. 5085
Registrar's No.

FILED JUN 7 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexiam Brothers Hospital		e. STREET ADDRESS (If rural, give location) 4352 Holly Hills	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J. c. (Last) Timmons		4. DATE OF DEATH (Month) (Day) (Year) 5-25-1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-3-1889
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 11 Days 22	11. IF UNDER 24 HRS. Hours 11 Min. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nite Attendant		10b. KIND OF BUSINESS OR INDUSTRY Funeral Home	
11. BIRTHPLACE (City and State or Foreign Country) Midland, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael Timmons		13b. MOTHER'S MAIDEN NAME Minnie Finlater	
14. NAME OF HUSBAND OR WIFE Angie L Timmons		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	
16. SOCIAL SECURITY NO. 339 09 5406		17. INFORMANT'S SIGNATURE OR NAME Angie Timmons	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 4352 Holly Hills, St. Louis, Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of R.T. Lung		INTERVAL BETWEEN ONSET AND DEATH 18 months	
* 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 165x	
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.)	
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 Jan 10, 1954 , to May 25, 1956 , that I last saw the deceased alive on May 25, 1956 and that death occurred at 7:15 PM. , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 3606 Sharns	
23c. DATE SIGNED 5/25/56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-27-1956	
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery Bellevue		24d. LOCATION (City, town, or county) (State) Michigan	
25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Hoffmeister Colonial Mortuary	
DATE REC'D BY LOCAL REG. MAY 28 1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
(Licensed Embalmer's State of Missouri) 646 Chippewa St. St. Louis, Missouri			

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.....
Signature of Student Embalmer

Signed *Levin C. Hoffmeister*

Licensed Embalmer No. 3877

P. O. Address 7814 S. B.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.