

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016510

LED VS MAY 11 1960

STATE FILE NUMBER

Registration District No. 309 Primary Registration District No. 6150 Registrar's No. 1

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Charles County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Alton Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in lb <u>One Hour</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>2526 W. University St.</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Donald</u> Last <u>Timmm</u>			4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1960.</u>		
---	--	--	---	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 4, 1933</u>	9. AGE (last birthday) <u>26</u>	10. UNDER 1 YEAR Months Days	11. IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	---	-------------------------------------	---------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spot welder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Burner Co.</u>	11. BIRTHPLACE (City and state or country) <u>Tipton Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Edward George Timmm</u>	13b. MOTHER'S MAIDEN NAME <u>Martha H. Rhode</u>	14. NAME OF HUSBAND OR WIFE <u>Odie Timmm</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>navy</u>	16. SOCIAL SECURITY NO. <u>484-44-8895</u>	17. INFORMANT <u>Rev. Cecil Coy Grand</u>	Address <u>and Barber</u>
---	---	--	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>accidental Burning</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	--	------------------------------	--------	-------

21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <u>Morris Mending Corner</u>	22b. ADDRESS <u>Windsor Mo</u>	22c. DATE SIGNED <u>7 May 1960</u>
--	-----------------------------------	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 10, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
--	----------------------------------	--	---

24. FUNERAL DIRECTOR <u>Bill Campbell Matthews</u>	ADDRESS <u>165 Delany</u>	25. DATE RECD. BY LOCAL REG. <u>May 10 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	------------------------------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1/5 NOV 9 1960

MAY 12 1960

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 \_\_\_\_\_

Licensed Embalmer No. Eaton

P. O. Address 4280

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.