

6 1939

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16088
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Bonhomme Primary Registration District No. 106

(c) City Kirkwood (d) Street No. 421 Caroline St. Registered No. 822

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Tumulty

(a) Residence, No. 421 Caroline St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15th, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8 20

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkwood, Missouri

FATHER

13. NAME Richard Tumulty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Robertta Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Richard Tumulty 421 Caroline St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 5/6 1939

19. FUNERAL DIRECTOR (ADDRESS) John H. Bopp Kirkwood, Mo.

20. FILED MAY - 6 1939 W. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30AM 11.30A

The principal cause of death and related causes of importance were as follows:

Accidental electrocution from a defective lamp cord fixture. Date of onset 5/5/39

Other contributory causes of importance:

1939

Name of operation _____ Date of _____

What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 5/5/39

Where did injury occur? Kirkwood, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Cable in contact with electric cord.

Nature of injury Electrocution.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John C. Connelley M. D.

Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I, Louis H. Bopp, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis H. Bopp 92
Licensed Embalmer No. _____

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.)