

JUL 12 1939

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

20291  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City St. Louis, Mo. (d) Street No. 1637 N. 17th St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 15 yrs. mos. da. (f) How long in U. S., if of foreign birth? 25 yrs. mos. da.

2. PRINT FULL NAME Stanislaw Tumolowski

(a) Residence, No. 1637 N. 17th St. St. 26 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
43 0 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pattern maker  
9. Industry or business in which work was done, as saw mill, bank, etc. Foundry  
10. Date deceased last worked at this occupation (month, day, year) May 2, 1938 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

FATHER 13. NAME Stefan Tumolowski

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

MOTHER 15. MAIDEN NAME Anna Makoja

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

17. INFORMANT Thelma Tumolowski (wife)  
(ADDRESS) 1637 N. 17th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery June 8, 1939

19. FUNERAL DIRECTOR (NAME) St. Louis Funeral Ho  
(ADDRESS) 2205 St. Louis Ave.

20. FILED JUN 7 1939 J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937 to 6/5, 1939

I last saw him alive on 6/5, 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Cardiac valvular disease  
(mitral regurgitation)  
chronic myocarditis Date of onset 1/10/37

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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

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

Manner of injury .....

Nature of injury .....

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

If so, specify .....

(Signed) Geo. P. Bertram M. D.

(Address) 1225 No. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

5010-5-1-35 I X16805

---

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J. G. Sullivan*

Licensed Embalmer No. 1122

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, above space should be left blank.**