

1989

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECD SEP 7 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30219

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1570

1. PLACE OF DEATH:

(a) County St. Louis, 3
(b) City or town Pine Lawn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Edgewood Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Anna B. Tompkins. 5723. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Spencer Tompkins 6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased June 10, 1856.
(Month) (Day) (Year)

8. AGE: Years 83. Months 2. Days 23. If less than one day
hr. _____ min.

9. Birthplace Greensburg, Indiana.
(City, town, or county) (State or foreign country)10. Usual occupation At Home. 1

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Braden, 1
13. Birthplace Indiana.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Hart.
15. Birthplace Indiana.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ethel Tompkins
(b) Address 7375 Delmar Blv'd.

17. (a) Burial (b) Date thereof 9/5/39.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd.

19. (a) SEP 4 1939 (b) CR Lupton & Sons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 1
(c) City or town Pine Lawn,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Sept day 3rd.
year 1939 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from May 10
1936, to Sept 3 1939;
that I last saw her alive on Sept 3 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration
Cerebral thrombosis 7da

Due to Arterio sclerosis 10yrsDue to Chc Nephritis 10yrsOther conditions none
(Include pregnancy within 3 months of death)Major findings: Of operations no 131Of autopsy none PHYSICIAN _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. K. [unclear] (M. D. or other) MD
Address 340 [unclear] Date signed 9-4-39

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.....

Don H. Muschany, Registered Apprentice No. 219
working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.