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.

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

30731

Do not use this space.

OCT 14 1939

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township 1 Primary Registration District No. 1003 Registered No. 7794

(c) City St. Louis (d) Street No. 5351 Delmar Ave. 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 yrs. 11 mos. 0 ds. 25 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 5/11 Ruth Tumbleson

(a) Residence, No. 5351 Delmar St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Tyrone Pa. 1

FATHER

13. NAME William Tumbleson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9

MOTHER

15. MAIDEN NAME Maratha Hisly 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wilmoth Waller 5351 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck, Mo. DATE Sept 9 1939

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED SEP 9 1939 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 39

22. I HEREBY CERTIFY, That I attended deceased from August 29th-1929, to September 8, 39

I last saw her alive on Sept. 8, 1939, 19 Death is said to have occurred on the date stated above, at 6.05 P. M.

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

	Date of onset
Cerebral Hemorrhage	1 yr.
Other contributory causes of importance:	
Hypertension	5 yrs

Name of operation ---------- Date of ----

What test confirmed diagnosis? Phy. Ex. 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 ---------- 1

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

If so, specify

(Signed) Dolan Lawrence M. D.

(Address) 508 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

White Kenton

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

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

..... L. E. J. G. Sullivan

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed 1122

Licensed Embalmer No. .....

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