

1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30221**  
Registrar's No. **7560**

FILED OCT 18 1941  
791

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis  
(c) City or town ST. LOUIS 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2318 A S. JEFFERSON AVE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17,  
year 1941 hour 12:10 minute P.  
21. I hereby certify that I attended the deceased from August  
30th, 1941, to September 17, 1941  
that I last saw her alive on September 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelitis femoralis of tibia with extension

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)  
Major findings: Amputation of leg  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Anna Tompkins  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN 11 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business \_\_\_\_\_

12. Name FRANCIS GUIBOR

13. Birthplace UNK G.  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BAILEY

15. Birthplace UNK G.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Aralovsky

(b) Address 2318 A S. Jefferson ave

17. (a) BURIAL (b) Date thereof SEPT 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Selmer

(b) Address 3125 Lafayette av

19. (a) SEP 14 1941 (b) J. Bredbeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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 J. Bredbeck (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 9/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *732 Fenway*

**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, fact should be so stated above.**