S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5052

FILED MAR 24 1942 791

Registration District No.

Primary Registration District No. 100

Registrar's No. 2009

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 080

(a) State Missouri (b) County 17

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3119 Magazine St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Audrey Maxine Tomlin

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex Fem. 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased December 30, 1941
(Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation ----

11. Industry or business

FATHER
12. Name William E. Tomlin
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ernestine Black
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ernestine Tomlin
(b) Address 3119 Magazine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) MAR 4 1942 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 42 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-16, 1942 to 2-28, 1942
that I last saw her alive on 2-28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to (Primary)

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopneumonia

Duration

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature L. S. Davis (M. D. or other) M.D.
Address 1536 Papin Date signed 3-3-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1175

P. O. Address 3517 Laclede Ave

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.