

S. No. 2
M-5-43
5-17-39
I X26871

FILED SEP 28 1945
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(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 - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution 1mo-19 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 2231 S. 2nd Street
(If rural, give location) 7 23

(e) Citizen of foreign country? d (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DONALD LEE TUMBLESON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased July 12, 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st
year 1945 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 7/12/45
_____, 19____, to 8/31/45, 19____;

that I last saw him alive on 8/31/45, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>18</u>	<u>hr.</u>	<u>min.</u>

Immediate cause of death Pylophlebia (Chylophlebia) Melanoticum

Due to _____

Due to 1579.2

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

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

10. Usual occupation nil

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business _____

FATHER { 12. Name _____

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

14. Maiden name Mary Tumbleson

15. Birthplace Washington County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Erving Tumbaeson

(b) Address 2231 S. 2nd St.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Sept. 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

(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)

(a) Means of injury _____

19. (a) SEP 3 1945 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

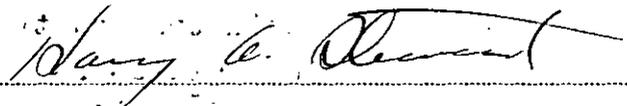
23. Signature Conrad S. Matthey (M. D. or public health officer)
1515 Lafayette Date signed 9/1/45

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.....



Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.