

FILED FEB 7 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **880**

State File No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Isolation Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1/26/46 to 2/26/46**
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oag**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **16/7**
 (d) Street No. **3622 Humphreys St.** (If rural, give location) **9**
 (e) Citizen of foreign country? **no** (Yes or No) **d**
 If yes, name country _____

3. (a) PRINT FULL NAME **LAWRENCE TOMSEN (Thompson)**

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **Jan** day **26**
 year **1946** hour **8** minute **00** P.M.

21. I hereby certify that I attended the deceased from **July 2**, 19**45** to **Jan. 26**, 19**46**
 that I last saw him alive on **January 26**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

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

7. Birth date of deceased **June 14, 1860**
 (Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic Heart Disease** Duration _____
Duration Unknown
 Due to **Senile Psychosis-5 Years**
Hypostatic Pneumonia 20 Hours

8. AGE:

Years	Months	Days	If less than one day
85	7	12	_____ hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____

9. Birthplace **DENMARK** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Stationary Engineer**

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **Nis Tomsem**

13. Birthplace **Denmark** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Unknown**

15. Birthplace **Denmark** (City, town, or county) (State or foreign country) **4**

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? _____

16. (a) Informant **City Infirmary Records** (b) Address **5800 Arsenal St.**

17. (a) **Cremation** (b) Date thereof **Jan. 29, 1946** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Schumacher and Co.**
 (b) Address **3013 Meigs St.**

19. (a) **JAN 28 1946** (b) **J. F. Bredeck** (Date received local registrar) (Registrar's signature)

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

23. Signature **Robert H. Bouchard** (M. D. or dentist)
 Address **5800 Arsenal** Date signed **1-27-46**

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

3203

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 *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St Louis Mo*

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.