

FILED JAN 25 1946 **STANDARD CERTIFICATE OF DEATH**
318 1003

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(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. Anthony Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lola B. Tumelson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer E. 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 1, 1869
(Month) (Day) (Year)

8. AGE: Years 76 ~~58~~ Months 10 Days 16
If less than one day hr. min.

9. Birthplace Yale Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Abner Bodell
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn A. Tumelson
(b) Address 6728 Maryellen

17. (a) Burial (b) Date thereof 1/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Walter Kibbe
(b) Address 3634 Gravois Ave.

19. (a) JAN 18 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3405 Shenandoah
(If rural, give location) 9/10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1946 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-2-45
_____ 19____ to 1-17-1946
that I last saw her alive on 1/16/1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocardial infarct

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) None

Major findings: _____
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury Over
Signature W. F. Nevin (M. D. or other) Dr. Nevin
Address 2115 A. Grand Date signed 1/17/46

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..... *George J. Highland*
Licensed Embalmer No. *2675*
P. O. Address *St Louis*

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.