

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19445
Registrar's No. 4726

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(c) Name of hospital or institution:
3405 Shenandoah Avenue
(d) Length of stay: In hospital or institution
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(d) Street No. 3405 Shenandoah Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mr. Elmer E. Tumelson
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th year 1947 hour 12 minute 35 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Late Lola E. Tumelson
7. Birth date of deceased August 11, 1862

21. I hereby certify that I attended the deceased from 4-30 1947 to 5-9 1947
that I last saw him alive on 5-9 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 8 Days 28

Immediate cause of death
Due to Coronary occlusion
Due to Coronary arteriosclerosis 1 year

9. Birthplace Westmoreland County Virginia

Other conditions
Major findings: Of operations

10. Usual occupation Retired Conductor
11. Industry or business Public Service Company

12. Name William T. Tumelson
13. Birthplace England

14. Maiden name Amanda Unknown
15. Birthplace England

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

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

17. (a) Burial (b) Date thereof May 12th, 1947
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) Date received local registrar MAY 10 1947 (b) Registrar's signature J. J. Bredek

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Ernest Gornik (M. D. or other) M.D.
Address 3621 Russell Date signed 5-9-47

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

MOTHER FATHER

3624 Rutledge Bldg.
6:30 pm to 8 pm

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 Ralph C. Lenders
Licensed Embalmer No. 4275
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.