

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Jessie C. Tompkins**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** 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 **August 22 1878**
(Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **24**
If less than one day hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country) **Missouri**

10. Usual occupation **None**

11. Industry or business _____

12. Name **Russell C. Tompkins**

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

14. Maiden name **Martha M. Kinner**

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

16. (a) Informant **Mrs. Vera Greer**

(b) Address **1010 11th St., Sacramento, Cal.**

17. (a) **Burial** (b) Date thereof **2-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hannibal, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **14700 Washington Blvd.**

19. (a) **FEB 18 1948** (b) **J. F. Bueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** 17
(If outside city or town limits, write "RURAL")
Street No. **2605 Olive St.** 1
Memorial (If rural, give location)
(e) Citizen of foreign country? **21** (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **16th**
year **1948** hour **9** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **2/15/48**
19____ to **Feb. 16th** 19 **48**
and that death occurred on the date and hour stated above,
that I last saw her alive on **Feb. 16th** 19 **48**

Immediate cause of death **Uremia + metabolic acidosis** Duration _____
acidosis

Due to **Pneumonia, Bronchitis**

Due to _____

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

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? **U**

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

23. Signature **J. F. Bueck** 2/17/48
Address **1515 Lafayette** Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Henry M. Brammer

Licensed Embalmer No.....

4200

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.