

FILED JUL 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 21788

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5549

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Illinois b. COUNTY Madison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place) 9 Days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Wood River Township

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge

d. STREET ADDRESS (If rural, give location) 3330 Oakland Ave.

3. NAME OF DECEASED  
a. (First) Robert b. (Middle) Mathew c. (Last) Tomerlin

4. DATE OF DEATH (Month) (Day) (Year) June 25 1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 22, 1899

9. AGE (In years) (last birthday) 50 Months 4 Days 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY Oil Refinery

11. BIRTHPLACE (State or foreign country) Somerville, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Tomerlin

13b. MOTHER'S MAIDEN NAME Julia Whitby

14. NAME OF HUSBAND OR WIFE Amanda Tomerlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 347-07-7193

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amanda Tomerlin 3330 Oakland Ave. Alton, Illinois

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Postoperative Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chronic Osteomyelitis of Hip (Rt.)  
DUE TO (c) Rheumatoid Arthritis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 6-25-49

19b. MAJOR FINDINGS OF OPERATION Chronic Osteomyelitis and Scarring about right hip

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 15th 15th

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 7302

22. I hereby certify that I attended the deceased from about June, 1948, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. O'Brien M.D.

23b. ADDRESS 634 N. Grand St. Alton, Mo.

23c. DATE SIGNED 6-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 28, 1949

24c. NAME OF CEMETERY OR CREMATORIUM Valhalla Memorial Park Godfrey Township, Madison County, Illinois

DATE REC'D BY LOCAL REGISTER'S SIGNATURE JUN 27 1949

REGISTER'S SIGNATURE J. B. Casper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert H. Streep Alton, Illinois

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed..... *Robert H. Streeper*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill*

**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.