

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35657

State File No. 9473

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) Glendale		
c. LENGTH OF STAY (in this place) 22 days		d. STREET ADDRESS (If rural, give location) 738 Luckystone Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) Frieda		b. (Middle)		c. (Last) Tompsett
4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 27th, 1865	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 84 0 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Kroeger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Late Charles Tompsett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur F. Mueller, 2817 Marcus Avenue
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma in lungs ANTECEDENT CAUSES DUE TO (b) Carcinoma of left kidney and ureter DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized.		INTERVAL BETWEEN ONSET AND DEATH sev. mo. sev. mo. years.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 467
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1.80" X
22. I hereby certify that I attended the deceased from 10-11 , 19 49 , to 11-1 , 19 49 , that I last saw the deceased alive on 11-1 , 19 49 , and that death occurred at 6:28 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE J. R. Bradley		23b. ADDRESS Barnes Hospital,		23c. DATE SIGNED 11/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/4/49		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri				
DATE REC'D BY LOCAL REG. NOV 2 1949		REGISTRAR'S SIGNATURE J. F. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.

Student
Student Embalmer

Signed John A. Johnson

Licensed Embalmer No. 4786

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.