

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32067

State File No.

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **2227**

1. PLACE OF DEATH a. COUNTY St. Louis				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 township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 7²⁸ M		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		d. STREET ADDRESS (If rural, give location) 415 S. Kirkwood Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 S. Kirkwood Rd.				d. STREET ADDRESS (If rural, give location) 415 S. Kirkwood Rd.			
3. NAME OF DECEASED (Type or Print) EMMELINE BRYAN TOMPKINS			4. DATE OF DEATH Sept. 18, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6, 1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 9 Days 12	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Gano Bryan		13b. MOTHER'S MAIDEN NAME Josephine Hough		14. NAME OF HUSBAND OR WIFE Logan Tompkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Douglas MacMillan, Kirkwood, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) " II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 331X		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)			
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?			
22. I hereby certify that I attended the deceased from 10:30 , to 5:18 , 1950, that I last saw the deceased alive on Sept. 17, 1950 , and that death occurred at 11 A. m., from the causes and on the date stated above.							
23a. SIGNATURE R. H. White M.D. (Degree or title)				23b. ADDRESS 124 E. Adams		23c. DATE SIGNED 9-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/20/50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri		
DATE REC'D BY LOCAL REG. SEP 20 1950		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Boop, Inc., Kirkwood, Mo.			

(Licensed Embalmer's Signature on Reverse Side)

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

APR 17 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Robert B. Dubrouillard*

Signed
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Palmer, Kentucky*

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.