

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16299**  
Registrar's No. **4268**

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4268</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6921 BLOW</b>				d. STREET ADDRESS (If rural, give location) <b>2 6921 BLOW 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THERESA</b>		b. (Middle) _____		c. (Last) <b>TOMISER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 24 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 17 1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (State or foreign country) <b>HUNGARY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH SZENDY</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES TOMISER (Dec'd)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS EDWARD ZWIESELBAUER 6921 BLOW</b>			
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.				<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma stomach</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Generalized carcinomatosis</b> <b>2 mos.</b>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>			
22. I hereby certify that I attended the deceased from <b>Jan.</b> , 1953, to <b>April 29 1953</b> , that I last saw the deceased alive on <b>April 20, 1953</b> , and that death occurred at <b>12:05</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>E. R. Sheridan, M.D.</b> (Degree or title)				23b. ADDRESS <b>#16 Hampton Village Plaza</b>		23c. DATE SIGNED <b>4-24-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 27 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		
DATE REC'D BY LOCAL REG. <b>APR 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutsis 2906 Bravis</b>			

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

3  
3  
30  
500  
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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leo J. Buddle

Licensed Embalmer No. 3989

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.