

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30493

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7489**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY OR TOWN St. Louis	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 3853 Lindell Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kenrick Square Apt.			

3. NAME OF DECEASED (Type or Print)	a. (First) Ann	b. (Middle) E.	c. (Last) Tuhill	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1953
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 28, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY Forest Park Highland	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wm. G. Fulford	13b. MOTHER'S MAIDEN NAME Katherine Halpin	14. NAME OF HUSBAND OR WIFE Thomas Tuhill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Oreon F. Eisman	ADDRESS 5102 Jamieson Ave.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic hypertensive Heart-Disease		INTERVAL BETWEEN ONSET AND DEATH one yr.
	ANTECEDENT CAUSES DUE TO (b) Coronary Embolism		
	MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" type="checkbox"/>
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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) 420.0
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 53**, 19**53**, to **July 31, 1953**, that I last saw the deceased alive on **July 31, 1953**, and that death occurred at **3:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Alexander Kronfeld M.D. (Degree or title)	23b. ADDRESS 5909 Waverly, E. St. Louis, Mo.	23c. DATE SIGNED July 31, 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. AUG 1 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Alexander Acknowledged
610 Washington Place
Office Up 4-3720 ✓
Res Br 8375
3907 Wardenly

At Chain 15th
Left. end Black Left Side
407th. st.

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 me, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 469

P. O. Address [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.