

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7114**

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 354

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 CLAYTON	c. LENGTH OF STAY (In this place) 13 DAYS	c. CITY OR TOWN BRECKENRIDGE HILLS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST LOUIS CO HOSPITAL		e. STREET ADDRESS (If rural, give location) 9436 BRECKENRIDGE	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) G	c. (Last) Tomnitz	4. DATE OF DEATH (Month) (Day) (Year) Feb 7 - 1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/16/1901	9. AGE (In years) (Months) (Days) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LACKE DE GAS	10b. KIND OF BUSINESS OR INDUSTRY TRUCK DRIVER	11. BIRTHPLACE (City and State or Foreign Country) PACIFIC MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Tomnitz	13b. MOTHER'S MAIDEN NAME LIZA STOVALL	14. NAME OF HUSBAND OR WIFE MYRTLE TOMNITZ
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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. 493-10-1964	17. INFORMANT'S SIGNATURE OR NAME MYRTLE TOMNITZ	ADDRESS 9436 BRECKENRIDGE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus (Massive)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Prostate (Advanced) 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 197X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1-25, 1954, to 2-7, 1954, that I last saw the deceased alive on 2-7, 1954, and that death occurred at 3:14 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard P. Ernst, MD	23b. ADDRESS 601 S. Brentwood, Clayton, Mo	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/10/54	24c. NAME OF CEMETERY OR CREMATORY ZION'S Cemetery	24d. LOCATION (City, town, or county) (State) PAGE DALE MO
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DATE REC'D BY LOCAL REG. 2-9-54	REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Carl Hullemann	ADDRESS 9709 BACKLAND
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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..

Student.....
Signature of Student Embalmer

Signed *Earl Hillman*.....

Licensed Embalmer No. *3501*

P. O. Address *Ireland*.....

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.