

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21358**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5479**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Fornfelt	d. In Residence within limits of a city or incorporated town? No
c. LENGTH OF STAY (In this place) 3 WKS		e. STREET ADDRESS (If rural, give location) you	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED a. (First) William b. (Middle) L. c. (Last) Tomlinson Sr.		4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 54	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-17-1885
9. AGE (In years) 68 (Month) 6 (Day) 8		10. USUAL OCCUPATION (Give kind of work depending upon age of worker, life, even if retired) retired banker	11. BIRTHPLACE (City and State or Foreign Country) Illinois
10b. KIND OF BUSINESS OR INDUSTRY banking		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Martha Ford	14. NAME OF HUSBAND OR WIFE Alma Tomlinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Tomlinson Jr., Webster Groves.

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 3 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, essential 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"/>
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) 331X
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?

22. I hereby certify that I attended the deceased from **May 26, 1954**, to **June 18, 1954**, that I last saw the deceased alive on **6/17**, 1954, and that death occurred at **5 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 134 N. Grand	23c. DATE SIGNED 6/18/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-18-54	24c. NAME OF CEMETERY OR CREMATORY Chaffee, Mo.
24d. LOCATION (City, town, or county) (State) Chaffee, Mo.		

DATE REC'D BY LOCAL REG. JUN 18 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff, Chaffee, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

NOV 15 1955

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..... *Ronald O. York*

Licensed Embalmer No. *139*

P. O. Address *St. Louis*

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.