

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13005

BIRTH NO. 24972-55 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3257 Registrar's No. 103

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| 1. PLACE OF DEATH a. COUNTY ST. CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. CHARLES | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES | | c. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES | |
| c. LENGTH OF STAY (In this place) 2 days | | d. STREET ADDRESS (If rural, give location) 747 SPRING AVE. - | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) TOMBINSON c. (Last) TOMBINSON | | | 4. DATE OF DEATH (Month) (Day) (Year) 4 27 55 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH 4/24/55 | 9. AGE (In years last birthday) 8 | 10. MONTHS 18 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (State or foreign country) MO. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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| 13a. FATHER'S NAME EVERETT TOMBINSON | 13b. MOTHER'S MAIDEN NAME MELBA KUBB | 14. NAME OF HUSBAND OR WIFE NONE |
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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 Melba Tombinson ADDRESS ST. CHARLES, MO. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA - BILATERAL | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NONE DUE TO (c) NONE | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE | | | |

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| 19a. DATE OF OPERATION NONE | 19b. MAJOR FINDINGS OF OPERATION 7620 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO | 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) m. | 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 **4/24**, 1955, to **4/27**, 1955, that I last saw the deceased alive on **4/27**, 1955, and that death occurred at **8:45** a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Doctor or title) F. P. Weyrens, M.D. | 23b. ADDRESS St. Charles, Mo. | 23c. DATE SIGNED 4/27/55 |
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|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE APRIL 28, 1955 | 24c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY | 24d. LOCATION (City, town, or county) (State) RUSSELLVILLE ARK. |
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| DATE REC'D BY LOCAL REG. April 28 1955 | REGISTRAR'S SIGNATURE Francis Hamelton | 25. FUNERAL DIRECTOR'S SIGNATURE B. R. Prinster ADDRESS St. Charles Mo |
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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~~

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Elton R. Penelums

Licensed Embalmer No. 42,83

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.