

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 8 1956

Registrar's No. **3933**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>918</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. 3933 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>St. Louis,</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>6 5558 Greer Ave.</u> <u>20690</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> | | b. (Middle) <u>Lord</u> | | c. (Last) <u>Tompkins</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1956</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 6, 1875</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George Tompkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>Augusta Tompkins</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>490-03-1958</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Augusta Tompkins, 5558 Greer Ave.</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reticulum cell sarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | <u>200.0</u> | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>April 17, 1956</u> , to <u>April 19, 1956</u> , that I last saw the deceased alive on <u>April 19, 1956</u> , and that death occurred at <u>11:00A.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>C. J. Kamiller, M.D.</u> | | | | 23b. ADDRESS <u>BARNES HOSPITAL</u> | | 23c. DATE SIGNED <u>4/19/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-23-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>APP 20 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kraeger Mortuary, 3402 N. Kingshighwa</u> | | | |

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 *G. W. Wilkinson*

Licensed Embalmer No... *35*

P. O. Address... *H. Lee*

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.