FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36315
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8634

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Luke's Hospital — Length of stay in 1b: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Nebraska b. COUNTY: Johnson
c. CITY OR TOWN: Cook — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8260 8 — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Fritz Middle Last Tomnitz
4. DATE OF DEATH: Month Sept. Day 18, Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 1, 1868
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Owensville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Carl Tomnitz
14. MOTHER'S MAIDEN NAME: Augusta Deaverstoff
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.: Unknown
17. INFORMANT: Laura Murphy, Address: 410 DeBaliviere

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): arteriosclerosis
DUE TO (c): 332X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9-13-56, to 9-18-56 and last saw ~~her~~ him alive on 9-17-56
Death occurred at 12:20 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edwin P. Meiners M.D.
22b. ADDRESS: 6651 Enright ave
22c. DATE SIGNED: 9-18-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-18-56
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Owensville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, 4700 Washington
25. DATE RECD. BY LOCAL REG.: SEP 18 1956
26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~on by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo R. Gadw

Licensed Embalmer No. 4 0

P. O. Address St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.