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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007937
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 425

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond Heights — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Length of stay in 1b: 8 Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: Roxana 8120 8 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 803 W. Park — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Barbara Middle: Elisabeth Last: Tomlovich

4. DATE OF DEATH: Month Day Year: February 11, 1959

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. 16, 1917
9. AGE (In years last birthday): 41 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Minnesota 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Matt Brkie
13b. MOTHER'S MAIDEN NAME: Agnes Dugan
14. NAME OF HUSBAND OR WIFE: Steve

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: Steve Tomlovich, Address: Roxana, Ill.

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) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 2 months?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 2-10 59, to 2-11 59 and last saw her/him alive on 2-10-59
Death occurred at 5:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Paul T. Hartman MD (Degree or title)
22b. ADDRESS: 6376 Clayton Rd.
22c. DATE SIGNED: 2-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-11-59
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State): Edwardsville, Ill.

24. FUNERAL DIRECTOR: Smith Funeral Home, ADDRESS: 2521 Edwards Alton, Ill.
25. DATE RECD. BY LOCAL REG.: 2-12-59
26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Lawrence E. Cutforth, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Lawrence E. Cutforth

Licensed Embalmer No. .....

P. O. Address 7521 Edward Ellis

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.