URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

59-042598

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210192

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Maternity
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St. Louis~~
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 127 Monica
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: David; Middle: ; Last: Tamalis
4. DATE OF DEATH: Month: November; Day: 5; Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-4-59
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: ; Days: 1
IF UNDER 24 HR: Hours: 3; Min.: 5
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 (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: William George Tamalis
13b. MOTHER'S MAIDEN NAME: Lana Kay Blocker
14. NAME OF HUSBAND OR WIFE: None
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: William & Lana Tamalis Address: 127 Monica

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): RESPIRATORY ARREST — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ATELECTASIS — 5 hr
DUE TO (c): PREMATURITY.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 762.5
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 November 4, 1959, to Nov. 5, 1959 and last saw him alive on Nov. 5, 1959
Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: X George Sato (Degree or title) Md.
22b. ADDRESS: 457 KINGSHIGHWAY
22c. DATE SIGNED: 11-5-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-6-1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri
24. FUNERAL DIRECTOR: Jos.W.Clark F.H. ADDRESS: 1125 Hodiamont
25. DATE RECD. BY LOCAL REG.: NOV 6 1959
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Not Embalmed

Student_____
Signature of Student Embalmer

Signed Alfred F. Boedek

Licensed Embalmer No. 2663

P. O. Address 1125 Ho

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