

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004643

FILED VS FEB 1 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 133 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sycamore Hills</u>		Length of stay in 1b <u>27 years</u>		c. CITY OR TOWN <u>Sycamore Hills</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2444 Northland Ave.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2444 Northland Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert - - - - - Tomsen</u>				4. DATE OF DEATH Month Day Year <u>January 13, 1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-2-91</u>		9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Projectionist</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Theatre</u>		11. BIRTHPLACE (City and state or country) <u>Denver, Colorado</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Laurence P. Tomsen</u>				13b. MOTHER'S MAIDEN NAME <u>- - - - - Schreiber</u>				14. NAME OF HUSBAND OR WIFE <u>Kathleen Tomsen</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.#1</u>			16. SOCIAL SECURITY NO. <u>489-05-0176A</u>		17. INFORMANT Address <u>Kathleen Tomsen, 2444 Northland</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>										<u>immed.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertensive Heart Disease</u>										<u>5 years</u>			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute non-specific gastroenteric blood infection</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Dec 1959</u> , to <u>Jan 1960</u> and last saw <u>him</u> alive on <u>Jan 12 1960</u> Death occurred at <u>3:45</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Ralph Dealman MD</u>				22b. ADDRESS <u>52 Maryland Plaza, St. Louis 2</u>				22c. DATE SIGNED <u>14 Jan 60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-16-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Jennings, Missouri</u>					
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>		ADDRESS <u>2504 Woodson Rd.</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-60</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy MD</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibbs

Licensed Embalmer No. 345
P. O. Address Overland

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.