

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017412

FILED VS MAY 6 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 4482** STATE FILE NUMBER

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |   | Length of stay in 1b<br><b>49 yrs</b>   | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4266 Gertrude</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>FRANK</b> Middle <b>TOMISER</b> Last  |   |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>26</b> Year <b>1960</b>   |  |   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11/24/1898</b>   | 9. AGE (last birthday)<br><b>61</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>merchant</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>retail bakery</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Bernstein, Austria</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>Charles Tomiser</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Theresa Szendi</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Katherine Knodel</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   | 16. SOCIAL SECURITY NO.<br><b>---</b>   |   | 17. INFORMANT<br>Address<br><b>Mrs. Katherine Tomiser, 4266 Gertrude Ave.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Lymphosarcoma of stomach</b>  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 yrs</b>                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>200.1</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)  |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>2-15-60</b> to <b>4-25-60</b> and last saw <sup>her</sup> him alive on <b>4-25-60</b><br>Death occurred at <b>3:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |   |
| 22a. SIGNATURE<br><i>Cl. Mourner</i> (Degree or title) <b>MD</b>   |   |   | 22b. ADDRESS<br><b>3720 Worsham Ln</b>  |  | 22c. DATE SIGNED<br><b>4-26-60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  | 23b. DATE<br><b>4/28/60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>New St. Marcus Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>BEIDERWIEN F.H. INC., 1936 St. Louis Ave.</b>   |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>APR 26 1960</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Roan Smith, M.D.</i>   |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mealy m.

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Homer D. Jones

Licensed Embalmer No. 388

P.O. Address St. Lo

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