

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033286

FILED VS SEP 7 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2461

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>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7001 Cornell</u>	
3. NAME OF DECEASED (Type or print) <u>Peter Matthew</u> First Middle Last <u>TUMBRINK</u>			4. DATE OF DEATH Month <u>8</u> Day <u>17</u> Year <u>60</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1960-8-17</u>	9. AGE (last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>William F. Tumbrink</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Krebs</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Wm. F. Tumbrink, 7001 Cornell</u> Address	

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>Atelectasis bilateral Congenital</u>			
DUE TO (b) <u>Immature Pneumonia</u>			
DUE TO (c) <u>Rupture of marginal sinus of placenta</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>8:15 am</u> Month, Day, Year <u>Aug. 17, 1960</u>	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 <u>St. Louis</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>		21. I attended the deceased from <u>Birth 8:15 am</u> to <u>Aug. 17, 1960</u> and last saw him alive on <u>Aug. 17, 1960</u> Death occurred at <u>8:15 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Lucient J. Cheele, M.D.</u>	22b. ADDRESS <u>52 Maryland Plaza</u>	22c. DATE SIGNED <u>8-17-60</u>
23a. BURIAL, CREMATION, or other disposition <u>REMOVAL</u>	23b. DATE <u>8/18/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24. FEDERAL DIRECTOR <u>Arthur J. Donnelly, 3540</u> ADDRESS <u>Under Blvd</u>	25. DATE RECD. BY LOCAL REG. <u>8-18-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

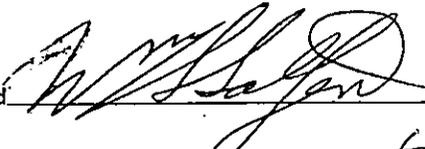
Dr Vincent Eberle

6217 Waterman Ave

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 469
P. O. Address 3840

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.