

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-027421

AMENDED FILED JUL 26 1961 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6668 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3906 HARTford		d. STREET ADDRESS (If outside, give location) 3906 HARTford	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Albert Middle Anthony Last Tombridge			4. DATE OF DEATH Month 7 Day 16 Year 1961		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-91	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) St. Louis	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME FRANK Tombridge		13b. MOTHER'S MAIDEN NAME MARY DUERR		14. NAME OF HUSBAND OR WIFE Ada Heberlein	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	GUILITY NO. -	17. INFORMANT, Address Ada Tombridge 3906 HARTford
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Lung	
	DUE TO (c) 163x0	

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		
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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.)
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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
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21. I attended the deceased from **July 1960** to **July 16, 1961** and last saw ^{her} _{him} live on **July 16**
Death occurred at **2:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	Degree or title M.D.	22b. ADDRESS 7361 Cornell U. City Mo	22c. DATE SIGNED 7-16-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-19-61	23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem.	23d. LOCATION (City, town, or county) St. Louis Mo.
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24. FUNERAL DIRECTOR Wingpermuehle	ADDRESS 3819 So GRAND	25. DATE RECD. BY LOCAL REG. JUL 18 1961	26. REGISTRAR'S SIGNATURE [Signature]
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George J. Thompson
Licensed Embalmer No. 4611
P. O. Address St. Louis 18

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.