

No. 2  
4-13-40  
5-17-39  
I X23159

FEB 25 1941  
Registration District No. 701

Primary Registration District No. 1003

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2705 Tennessee Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOHN C. TUMBACH  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased: July 17 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 5 29 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Commission Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Tumbach  
13. Birthplace Germany.  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Melzer  
15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Tumbach  
(b) Address 2705 Tennessee Ave.

17. (a) Burial (b) Date thereof Jan. 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Hubben, L. H. Co.  
(b) Address 2842 Meramec St.

19. (a) JAN 1, 1941 (b) J. H. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis, 1717  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2705 Tennessee Ave. 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th  
year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-2 1941 to 1-14 1941;  
that I last saw him alive on 1-14 and that death occurred on the date and hour stated above.

Immediate cause of death Pat. carcinoma of prostate gland  
Duration 6 MO

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 51

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Joseph R. Jones (M. D. or other) 1/16/41  
Address 440 16 S. Colman Date signed

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

2842 Meramec St.

P. O. Address St. Louis, Mo.

**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 this body is not embalmed, fact should be so stated above.**