V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3696

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 267

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jenning
(b) City or town Jenning (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elms Home 5 2520 McLaren Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community ~~88 years~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL") 9
(d) Street No. 4510 Bircher Blvd. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Miss Ellen M. Tumalty
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 10 (Day) 1854 (Year) 10

8. AGE: Years 88 Months 0 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Peter Tumalty
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Catherine E. Kennedy
(b) Address 4510 Bircher Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) FEB 3 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd year 1942 hour 3:45 AM minute M.
21. I hereby certify that I attended the deceased from Sept 20th, 1920 to Febr. 3rd, 1942; that I last saw her alive on Febr. 2nd, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	2 week
Due to Chronic cystitis and ascending pyelitis	3 Mom.
Due to /fractured femur. Invalid 8 years, following	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1860
Of autopsy 14

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) accd
(b) Date of occurrence 1932 000
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St. Louis City Hosp. 1932. (Specify type of place)
While at work? Yes. (e) Means of injury Fall

23. Signature Edwin J. Froelich (M. D. or other) M.D.
Address 3635 Mo. Theatre Date signed 2/3/42

(Licensed Embalmer's Statement on Reverse Side) FROELICH

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.