

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10741
State File No. 3170
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

21
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3534 Olive Street		d. STREET ADDRESS (If rural, give location) 3534 Olive Street	
3. NAME OF DECEASED (Type or Print) George H. Tompkins			4. DATE OF DEATH (Month) (Day) (Year) April 7, 1949
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-10-1883
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Showman	11. BIRTHPLACE (State or foreign country) New York City
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Betty Carver Tompkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Betty Carver Tompkins 3534 Olive	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute myocarditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>few days</i> ANTECEDENT CAUSES <i>retentive colic</i> DUE TO (b) <i>1 1/2 Hrs</i> <i>50 1/4</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>Apr 5th</i> 1949, to <i>Apr 7th</i> 1949, that I last saw the deceased alive on <i>Apr 6th</i> , 1949, and that death occurred at <i>2:30 A.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Chas E Kane M.D.</i>		23b. ADDRESS <i>706 walter</i>	
23c. DATE SIGNED <i>4-7-49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	
24b. DATE <i>4-8-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Holly Springs, Miss.</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. B. Lasater Arthur J. Donnelly 840 Lindell Blvd.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 8 1949</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>840 Lindell Blvd.</i>	

766 Walden Ave

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
Student Embalmer

Signed *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.