

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35689**

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9571**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5290 Waterman | | d. STREET ADDRESS (If rural, give location) 5290 Waterman | |

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|-------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mary | b. (Middle) W. | c. (Last) Tompkins | 4. DATE OF DEATH (Month) (Day) (Year) | Oct 29 1951 |
|-------------------------------------|------------------------|-----------------------|---------------------------|---------------------------------------|--------------------|

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|----------------------|-------------------------------|---|-------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Jan 25 1870 | 9. AGE (In years last birthday) 81 | if UNDER 1 YEAR Months Days | if UNDER 24 hrs. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwf | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D | 12. CITIZEN OF WHAT COUNTRY? US |
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| 13a. FATHER'S NAME Alfred M. Waterman | 13b. MOTHER'S MAIDEN NAME Adele L. Kingsbury | 14. NAME OF HUSBAND OR WIFE Cornelius Tompkins |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME Mrs L. Benoist Tompkins | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION 4934 Pershing | | INTERVAL BETWEEN ONSET AND DEATH 4 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis | | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cronary Heart Disease | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **June 29, 1942**, to **October 29, 1951**, that I last saw the deceased alive on **Oct. 28, 1951**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Hiram L. Buzzott M.D. D | 23b. ADDRESS 3720 Washington Blvd | 23c. DATE SIGNED 10/29/51 |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-30-51 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cem | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. Oct 29 1951 | REGISTRAR'S SIGNATURE J. Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Wagner Mortuary | ADDRESS 4911 Washington |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

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.