

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14186**  
Registrar's No. **2945**

|   |  |   |   |  |   |  |                                   |   |  |
|---|--|---|---|--|---|--|-----------------------------------|---|--|
| BIRTH NO.   |  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>   |   | Registrar's No. <b>2945</b>  |                                   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY |   |  |                                   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>  |  | c. LENGTH OF STAY (If this place) <b>5 Yrs. 6</b>   |   | c. CITY OR TOWN <b>Missouri</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital.</b>  |  |   |   | e. STREET ADDRESS (If rural, give location)<br><b>5800 Arsenal Street.</b>   |   |  |                                   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Frank</b>  |  |   | a. (First)                                  |  | b. (Middle) <b>A.</b>   |  | c. (Last) <b>Tompaw</b>           |   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 1, 54</b>  |  | 5. SEX<br><b>Male</b>   |   | 6. COLOR OR RACE<br><b>White</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |                                   | 8. DATE OF BIRTH<br><b>January 8, 1883</b>  |  |
| 9. AGE (In years last birthday) <b>71</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Freight Handler</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Cape Co. Missouri</b>   |                                   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>Daniel Tompaw</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Letitia</b> |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Grace</b>  |                                   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Grace Tompaw, 4314 W. Pine, St. Louis, Mo.</b>   |   |  |                                   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis,</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>with cerebro vascular Damage,</b><br>DUE TO (c) <b>Gastric Hemorrhage</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |   |  |   |  |                                   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |   |  |                                   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><b>4500</b>   |   |  |                                   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 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 <b>Sept. 21, 19 48</b> , to <b>April 1, 19 54</b> , that I last saw the deceased alive on <b>March 31, 19 54</b> and that death occurred at <b>2:40 A.M.</b> from the causes and on the date stated above. |  |   |   |  |   |  |                                   |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Palmer N. ...</b>  |  |   |   | 23b. ADDRESS<br><b>5800 Arsenal Street.</b>  |   |  | 23c. DATE SIGNED<br><b>4/1/54</b> |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>4-3-1954</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Montgomery City,</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Montgomery City, Missouri</b>  |                                   |   |  |
| DATE REC'D BY LOCAL REG.<br><b>APR 1 1954</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b>   |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>McLAUGHLIN Funeral Home Inc<br/>2301 Lafayette, St. Louis 4, Mo.</b> |  |                                   |   |  |

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James P. Chapman*.....  
Licensed Embalmer No. *4*.....  
P. O. Address *S. L. Lee*.....

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.