URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028877

XC 1428947 SL 13600

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6864 STATE FILE NUMBER

NDED FILED VS JUL 22 1960

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 37 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM HOSPITAL
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5319 SOUTH BROADWAY
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ARTHUR Middle Otto Last TOMSEN
4. DATE OF DEATH: Month JULY Day 7 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]
8. DATE OF BIRTH: 1-14-93
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MOVING PICTURE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (City and state or country): DENVER, COLORADO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: LAWRENCE TOMSEN
13b. MOTHER'S MAIDEN NAME: ESTHER SCHREYER
14. NAME OF HUSBAND OR WIFE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 500-26-0833
17. INFORMANT: GLORIA HESS; 6924 MILLBROOK Address: ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): RESPIRATORY FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): METASTATIC CARCINOMA
DUE TO (c): CARCINOMA OF RECTUM 154X
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): - - -
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 5-31-60, to 7-7-60 and last saw ~~him~~ alive on 7-7-60
Death occurred at 3:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David W. Ferguson (Degree or title) M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 7/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
DAVID W. FERGUSON
23b. DATE: July 11, 1960
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Missouri

24. FUNERAL DIRECTOR: Ambruster Mortuary, 6633 Clayton Rd.
ADDRESS
25. DATE RECD. BY LOCAL REG.: JUL 8 1960
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 478

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.