MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 7911

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3319 Rutger St. Ward)

File No. 21941

Registered No. 6038

2. FULL NAME Margaret Toole

(a) Residence. No. 3319 Rutger St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	11	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): Becht Laundry Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Toole

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Bridget Callahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Nellie O'Toole
(Address) 3319 Rutger St

15. FILED JN 6, 1928 Mae C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to the June 5, 1928, that I last saw h.s. alive on June 5, 1928, and that death occurred, on the date stated above, at 6.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

1 yr

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE DISEASE CONTRACTED 1928

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Otto L. Lahlund, M. D

June 6, 1928 (Address) 4906 Washington Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem	6-8-1928
20. UNDERTAKER	ADDRESS
Peetz Bros.	3029 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PERMANENT RECORD INK—THIS IS A PERMANENT RECORD