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

Do not use this space.

22258

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. Barnes Hospital St. Ward)

File No. ..... Registered No. 6441

2. FULL NAME Toalson, Virginia Gertrude

(a) Residence. No. 6255 Columbia Ave Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Chas H Toalson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	5	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER S. S. Fike

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

12. MAIDEN NAME OF MOTHER Ida M Burke

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

14. INFORMANT Chas H Toalson
(Address) 6255 Columbia Ave

15. JA 18 1932 Filed 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 - 16 - 1926

17. I HEREBY CERTIFY, That I attended deceased from 6-7, 1926, to 6-16, 1926, that I last saw h.s.w. alive on 6-16, 1926, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) Carcinoma of liver & peritoneum

Myocarditis - Chr (duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED .....

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D

, 19 (Address) 660 S. Kingshighway

*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
Valhalla	June 19 1926

20. UNDERTAKER Manchester Funeral Home ADDRESS 4234 Manchester

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD