OV 22 1928

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

Do not use this space.

34699

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Affton CARONDELET — Primary Registration District No. 6248 G

City ..... (No. 9300 Gravois Ave. St. ..... Ward)

File No. .....

Registered No. 337

2. FULL NAME Oscar Fred Toelke.

(a) Residence. No. 9300 Gravois Ave. 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Toelke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8th. 1884.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	0	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinest.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leslie
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frederick Toelke.

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

12. MAIDEN NAME OF MOTHER Elizabeth Brinkmann

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

14. INFORMANT Mrs. Addie Toelke
(Address) 9300 Gravois Ave.

15. FILED Oct. 11, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1928, to Oct 9th, 1928, that I last saw h. ~~son~~ alive on Oct 9th, 1928, and that death occurred, on the date stated above, at 2.10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

100

101a

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) .....

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

18. WHERE WAS DISEASE CONTRACTED

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) E. Benes, M. D

10/10, 1928 (Address) 2202 So Bway

*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 Gerald, Mo.

DATE OF BURIAL Oct. 10 - 1928

20. UNDERTAKER Naeker-Helderle

ADDRESS 2331 S. Bdway

WRITE PLAINLY, WITH UNFADING INK

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.

[illegible]

[illegible]

[illegible]