

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

Do not use this space.

26206

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City..... (No.....).....

Registration District No. 1123
Primary Registration District No. 6248 E

File No.
Registered No. 267 St. Ward)

2. FULL NAME

August J. Toennes (Tennessee)
(a) Residence. No. 3645 Memor 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Toennes
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 - 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cow Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Har. Kohl Truck Co

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

PARENTS
10. NAME OF FATHER Louis Toennes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Johanna Fricks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT August J. Toennes
(Address) 3645 Memor

15. FILE July 17, 1931 L. C. Obrink
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1931
17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

16b THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck by passing car
Mississippi River at
St. Louis, Mo. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Spain
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy report
(Signed) John C. Toennes M. D.

*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.
7/17 (Address) Forner Spain

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis DATE OF BURIAL July 18 1931

20. UNDERTAKER Walter Hildebrand ADDRESS 2331
St. Edward

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.

AUG 29 1931

WHILE LIVING, WITH CERTAINING INTERESTS IS A PERMANENT RECORD

