

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

Do not use this space.

6713

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. *City, Sanitacion*)

Registration District No. *791*
Primary Registration District No. *133*

File No.....
Registered No. *1789*
St..... Ward.....

2. FULL NAME

Paul Prospero Toledoeresco

(a) Residence, No. *1726 So. 9th* St., *13* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *22* 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 *Married, Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 52

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor of Serbian Church*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *Unknown*
11. Total time (years) spent in this occupation *Unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Austria Hungary*

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *" "*

MOTHER 15. MAIDEN NAME *" "*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *" "*

17. INFORMANT (ADDRESS) *W.F. McManis M.D. 5400 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Hope* DATE *Feb. 24 1932*

19. UNDERTAKER (ADDRESS) *Wick Bros 221 N. 1st St. St. Louis*

20. FILED *Feb 24 1932* Registrar *W.F. McManis*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 21 1932*

HEREBY CERTIFY, That I attended deceased from *July 1st 1930*, to *Feb. 21st 1932*
I last saw him alive on *Feb. 21st 1932*. Death is said to have occurred on the date stated above, at *8:30 p.m.*
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane (Senile) 12-12-27+
Other contributory causes of importance *83 34*

Name of operation..... Date of.....
What test confirmed diagnosis? *Chemical* Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury..... *(D)*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *William F. McManis, M.D.*
(Address) *5400 Arsenal*

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.

