

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

Do not use this space.

14522

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1002

City St Louis (No. Deaconess Hosp)

File No.

Registered No. 3908

St. Ward

2. FULL NAME

(a) Residence, No. 440 no. Hanley Rd. 4 Ward. St Louis Co Mo
(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 Pearl Tooker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 = 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres. 259

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Louis Heating Co

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 6

13. NAME William Tooker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs Wm A Tooker
440 no Hanley Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontain DATE April 23 1932

19. UNDERTAKER (ADDRESS) Muller and Co
5165 Delmar Blvd

20. FILED APR 27 1932 Max C Starke Registrar

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19 1932, to April 19 1932
I last saw h. in alive on April 17 1932 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Obstruction of Bowels due to Volvulus
122 B
71 A M.D. C
Other contributory causes of importance: Pernicious Anemia

Name of operation Laparotomy Date of 4/19/32
What test confirmed diagnosis? 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify L. H. Carpenter, M. D.
(Signed) L. H. Carpenter
(Address) 213 Business Bldg

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

MARGIN RESERVED FOR BINDING

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.

V.S. No. 2.

