

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

Do not use this space.

21438

1. PLACE OF DEATH

County Registration District No. 701
 Township St Louis Primary Registration District No. 10 B File No.
 City St Louis (No. American Hospital) St. Registered No. 6002
 (If nonresident, give city or town and State)

2. FULL NAME

George S. Toothaker
 (a) Residence, No. 2924 N. Taylor St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Katherine Toothaker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1874</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>8</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Paper Buyer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Boston Shinner Co</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1921</u>		11. Total time (years) spent in this occupation <u>12</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>				
MOTHER	13. NAME <u>Wm W. Toothaker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
	15. MAIDEN NAME <u>Lydia L. Murphy</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT (ADDRESS) <u>Mrs Helen Jewett</u> <u>2924 N. Taylor Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>June 28, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Friedmann Karal</u> <u>1908 Union Blvd</u>				
20. FILED <u>6/27 1932</u> <u>W. S. Forder</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18th, 1932, to June 25th, 1932.

I last saw him alive on June 24th, 1932. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Carcinoma of colon ascending 6 months
12315 46 (1)
 Other contributory causes of importance:

Name of operation Resection of intestine Date of June 27th
 What test confirmed diagnosis? Specimens Was there an autopsy? No

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 John A. Hayward, M. D.
 (Signed) John A. Hayward
 (Address) 8714 Metropolitan Bldg

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

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.

