

FEB 8 1935

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

Do not use this space.

43905

1. PLACE OF DEATH

County St. Louis
Township Seigle
City Seigle (No. 1)

Registration District No. 655
Primary Registration District No. 439V

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-9-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 9 5

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsington Ohio

13. NAME John Theodor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seigle Missouri

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seigle Missouri

17. INFORMANT (ADDRESS) ella Williams 2262 Union Memphis Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Christian Choph DATE 12-15-34

19. UNDERTAKER (ADDRESS) Funerary Bldg Co Seigle

20. FILED 1/1 1935 Max P. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-5-34, 19... to 12-14-34, 19... I last saw him alive on 12/14/34, 19... Death is said to have occurred on the date stated above, at 4:20 a.m.

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

Influenza
9301
110
G. O. D. I
Date of onset 12/1/34

Other contributory causes of importance: myocarditis

Name of operation none Date of 11
What test confirmed diagnosis? Physical 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.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. M. Daniel M. D. (Address) Seigle Mo

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.

