

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 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 1408a Linton Ave.)

Registration District No. **791**
Primary Registration District No. **1003**

File No. 29080
Registered No. 7855
St. _____ Ward _____

2. FULL NAME Henry B. Toben,

(a) Residence, No. 1408a Linton Street St. 9 Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

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 Toben,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1867

7. AGE YEARS 68 MONTHS 07 DAYS 22 If LESS than 1 day, hrs. or min.

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

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) St. Louis, Mo.

13. NAME Chas. Toben,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Christine Schulte

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

17. INFORMANT Mrs. Ida Toben, (ADDRESS) 1408a Linton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE July 22, 1936

19. UNDERTAKER Henry Seiders Bros Co (ADDRESS) 1417 N. 2nd St

20. FILED JUL 24 1936 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23rd 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 23, 1936
I last saw him alive on July 23, 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis Date of onset 1910

Other contributory causes of importance:
Acute Bronchitis

Name of operation None Date of _____
What test confirmed diagnosis Clinical 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? No
If so, specify _____

(Signed) C. A. White, M. D.
(Address) 1125 S. Kingshighway

1125 S King St

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