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.

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

Do not use this space.

33031

SEP 15 1936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4554 Athlone Ave St. ..... Ward)

File No. 8981

Registered No. .....

2. FULL NAME Sophia Toenges

(a) Residence, No. 4554 Athlone Ave St., 9 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: Female

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: Edward Toenges

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20 1885

7. AGE: YEARS 51 | MONTHS -- | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: AT HOME

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): Madison County Ill

FATHER

13. NAME: Anton Luker

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

MOTHER

15. MAIDEN NAME: Anna Finke

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

17. INFORMANT (ADDRESS): Edward Toenges 4554 Athlone

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlehem DATE Aug 29 1936

19. UNDERTAKER (ADDRESS): Seiderwieden Funeral Home 1936 St Louis Ave

20. FILED AUG 29 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to Aug 26, 1936

I last saw her alive on Aug 26, 1936 Death is said to have occurred on the date stated above, at 2:00 P M

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

Mitral Regurgitation — Date of onset

92a

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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) Walter J. Millies, M. D.

(Address) 3825 N. 20th

[illegible] - 8+10 a.m. Co. 5265.

[illegible]