

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

Do not use this space.

1. PLACE OF DEATH
 90 County.....
 30 Township.....
 1 City St. Louis (No. 4414 West Pine Blvd.)
 Registration District No. FEB 8 1937 791
 Primary Registration District No. 1003
 File No. 3565
 Registered No. 598
 St. _____ Ward _____

2. FULL NAME Dennis O'Toole
 (a) Residence, No. 4414 West Pine Blvd. St. 19 Ward. 1
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. O'Toole
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Master
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Station 97
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Terrence O'Toole

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

15. MAIDEN NAME Margaret Barry

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

17. INFORMANT George O'Toole (ADDRESS) 4414 West Pine Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 15, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co. (ADDRESS) 3840 Lindell Blvd.

20. FULL TIME REGISTRAR Jan 14 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1937 to Jan 12 1937
 last saw him alive on Jan 10 1937 Death is said to have occurred on the date stated above, at 5:13 A.M.
 The principal cause of death and related causes of importance were as follows:
John Pneumonia Date of onset 1/8/37

Other contributory causes of importance 108

Name of operation Date of
 What test confirmed diagnosis? Aut. Exam. 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) J. B. Starnes M. D.
 (Address) 1114 Mrs. 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.

Mo. Theatre Bldg.

6238 Pershing

Je. 9714

Pa. 3086-W